# DOCUMENT RESUME

| | |
|---|---|
| ED 403 676 | EC 302 314 |

| | |
|---|---|
| TITLE | The Child Who Seems Different: Meeting Special Needs. A Series for Caregivers of Infants and Toddlers. Model of Interdisciplinary Training for Children with Handicaps: MITCH Module 3. |
| INSTITUTION | Dade County Public Schools, Miami, Fla.; Monroe County School District, Key West, FL. |
| SPONS AGENCY | Florida State Dept. of Education, Tallahassee. Bureau of Education for Exceptional Students. |
| PUB DATE | 90 |
| NOTE | 132p.; For related documents, see EC 302 310-325. |
| PUB TYPE | Guides - Non-Classroom Use (055) |
| EDRS PRICE | MF01/PC06 Plus Postage. |
| DESCRIPTORS | At Risk Persons; Child Caregivers; Child Development; Day Care; Developmental Stages; *Disabilities; *Disability Identification; *Early Identification; *Early Intervention; Infants; Inservice Education; Learning Activities; Mainstreaming; Preschool Education; Referral; Screening Tests; *Special Needs Students; Toddlers |
| IDENTIFIERS | Florida; Model of Interdisciplinary Training Child Handicap |

ABSTRACT

Intended for use in Florida training programs for caregivers of infants and toddlers with disabilities, this guide presents an overview of the Model of Interdisciplinary Training for Children with Handicaps (MITCH); offers a user's guide to the series; and provides specific information for presenting Module 3, which focuses on meeting the special needs of children who seem different. After the introduction to the MITCH program as a whole, the user's guide provides information on the instructor's role, the 3-hour training session, the use of videotapes and audiotapes, and follow-up activities. For this module, goals and objectives focus on providing participants with an understanding of conditions that put a child at risk, early intervention, special needs terminology, methods of observation, the concept of screening, referral procedures for further testing, and mainstreaming. For each hour of training, a script, suggested activities, and relevant handouts are provided. Attached are lists of recommended resources and references, reproducible forms and handouts, and forms for the 6-week follow up. Also attached is a booklet providing an overview of normal child development from birth to 36 months in the areas of personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. (DB)

***********************************************************************
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
***********************************************************************

ED 403 676

MITCH Module 3

# Model of Interdisciplinary Training for Children with Handicaps

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

*A Series for Caregivers of Infants and Toddlers*

# *The Child Who Seems Different: Meeting Special Needs*

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Arlene M. Duncan
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 302314

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series is one of many publications available through the Bureau of Education for Exceptional Students, Florida Department of Education, designed to assist school districts, state agencies which operate or support educational programs, and parents in the provision of special programs for exceptional students. For additional information on this training series, or for a list of available publications, contact the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Florida Department of Education, Florida Education Center, Tallahassee, Florida 32399-0400 (telephone: 904/488-1879; Suncom: 278-1879; SpecialNet: BEESPS).

MITCH Module 3

# Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *The Child Who Seems Different: Meeting Special Needs*

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series was developed through the MITCH (Model of Interdisciplinary Training for Children with Handicaps) Project, FDLRS/South Associate Center, Dade and Monroe County Public Schools, and funded by the State of Florida, Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students, under State general revenue appropriation for the Florida Diagnostic and Learning Resources System.

Copyright
State of Florida
Department of State
1990

MITCH Module 3

## Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *The Child Who Seems Different: Meeting Special Needs*

**Margie Molinet-Molina, M.S.**
**School Psychologist/Child Find Specialist**
**FDLRS/South Associate Center**
**Miami, Florida**

**Rosa M. Estrada-Vidal, M.S.**
**School Psychologist**
**FDLRS/South Associate Center**
**Miami, Florida**

## Dade County School Board

Dr. Michael Krop, Chairman

Mr. G. Holmes Bradcock, Vice-Chairman

Dr. Rose Castro Feinberg

Mrs. Betty Kaplan

Ms. Janet R. McAliley

Mr. Robert Renick

Mr. William H. Turner

## Project MITCH Staff

Carole Fox Abbott, Ph.D.
MITCH Project Specialist
FDLRS/South - Miami

Diana M. Fernandez
MITCH Project Assistant
FDLRS/South - Miami

## Project MITCH Advisory Board

### Host Agencies

Mary Anne Brost
Project Director
FDLRS/Gateway - Jasper

Dr. Susan Gold
Adjunct Assistant Professor
Mailman Center - Miami

Terri Kanov
Executive Director, Division of
Exceptional Student Education
Dade County Public Schools - Miami

Dr. Eleanor L. Levine
Supervisor
FDLRS/South - Miami

Dr. Keith Scott
Project Director
FDLRS/Mailman - Miami

Dr. Mary Theresa Urbano
Director of Nursing
Mailman Center - Miami

### Other

Dr. Mimi Graham
Adjunct Assistant Professor
Florida State University - Tallahassee

Lois Klezmer
Coordinator, Early Childhood Education and
Sim Lesser
Assistant Professor, Early Childhood Education
Miami Dade Community College - Miami

Linda Machado
Parent Advocate
Chairperson, State Advisory Council on
Exceptional Student Education - Miami

Dr. Joyce McCalla
Director
Metro Dade Child Development Services -
Miami

William Osterhoudt
Director
Exceptional Student Education
Monroe County Public Schools -
Key West

Elizabeth P. Ridgley
Director, Pinecrest Presbyterian
Preschool - Miami

Dr. Sharon Vaughn
Associate Professor of Education
University of Miami - Miami

Sondra Wallace
Director of Education
Head Start - Miami

## ACKNOWLEDGEMENTS

In addition to the MITCH Advisory Board members, special thanks are given to the following:

### The Bureau of Education for Exceptional Students (BEES) Editorial Commitee

Doris B. Nabi
Administrator
Program Services

Ruth S. Jones, Ph.D.
Supervisor
Program Services

Connie Cauley, Ph.D.
Program Specialist
Infants and Toddlers Program
Prekindergarten Handicapped Programs

Arlene Duncan
Program Specialist
Clearinghouse/Information Services
Program Services

Elizabeth DeVore, D.C.
Program Specialist
PreKindergarten Handicapped Programs

### Critical readers and persons who piloted, reviewed, and tested this module

Betty J. Clawson
Child Find Specialist
FDLRS/South
Monroe County - Key West

Alina Diaz
Child Find Specialist
FDLRS/South - Miami

Susan Gold, Ed.D.
Assistant Professor of Pediatrics
Mailman Center for Child Development - Miami

Dennis W. Hoffman
Coordinator
FDLRS/South - Miami

Patricia Hollis
Program Specialist
Prekindergarten Handicapped Program
BEES/Prekindergarten Handicapped Programs - Tallahassee

Janice C. Kelley
Pre-K Handicapped Specialist
FDLRS/Gateway - Jasper

Eleanor L. Levine
Project Manager
FDLRS/South - Miami

L. Penny Rosenblum
Teacher of the Visually Impaired
Mailman Center for Child Development - Miami

Sharon Vaughn, Ph.D.
Associate Professor of Education
University of Miami - Miami

## Original art work:

Angela Anninou, Student
Commercial Art Department
Norma Jane, Teacher
North Miami Beach Senior High School
Dade County Public Schools - Miami

## Other contributors

Lisa A. Rozpad, Program Specialist for desktop publishing, Mailman Center for Child Development - Miami

Ellen White, for design and production of handouts, FDLRS/South - Miami

Tanya Nunez, FDLRS/South - Miami

# TABLE OF CONTENTS

Page
Introduction ........ 1
  Project MITCH Overview ........ 1
  MITCH Modules ........ 2
  MITCH Booklets ........ 3
User's Guide to Series ........ 5
  Instructor ........ 5
    Instructor Qualifications ........ 5
    Role of Instructor ........ 5
    Instructor Preparation and Follow-Through ........ 6
  The Session ........ 7
    Time ........ 7
    Handouts/Overheads ........ 7
    Videotapes ........ 8
    Audiotapes ........ 8
    MITCH Theme Music ........ 9
    Attendance ........ 9
    Six-Week Follow-Up Activity ........ 9
    Certificate of Completion ........ 9
    Record of Completion ........ 9
Specific Information for Presenting Module 3 ........ 11
  Goals and Objectives ........ 11
  Other Recommended Instructors ........ 12
  Contact List ........ 12
  Equipment, Materials, and Supplies ........ 12
    Equipment ........ 12
    Supplies ........ 13
    Materials Contained in This Manual ........ 13
    Videotape ........ 13
    Materials Not Contained in This Manual ........ 14
Hour 1
  Goals and Objectives ........ 13
  Content ........ 18
Hour 2
  Goals and Objectives ........ 27
  Content ........ 28
Hour 3
  Goals and Objectives ........ 37
  Content ........ 38
Resource List ........ 45
References ........ 47
Appendices
  A. Reproducible Forms for Three-Hour Module
  B. Reproducible Copies of Handouts/Overheads/Booklets
  C. Reproducible Forms for the Six-Week Follow-Up Activity

# Introduction

Information in the Introduction should be reviewed by each instructor or user of this material. The Users Guide to Series begins on page 5. Information relating to this module begins on page 11.

## PROJECT MITCH OVERVIEW

The purpose of the Project MITCH (Model of Interdisciplinary Training for Children with Handicaps) training series is to assist local school districts in Florida in providing interdisciplinary training and resources to parents, non-degreed daycare workers, and healthcare providers who work with special needs infants and toddlers ages 0-5, with emphasis on ages 0-2.

This series was funded by a grant to the Florida Diagnostic and Learning Resources System/South (FDLRS/South), on behalf of the FDLRS Network, from the Florida Department of Education, Bureau of Education for Exceptional Students (BEES).

In 1987, the Florida Legislature designated $100,000.00 of the total appropriation for the FDLRS Network to "expand services to infants and preschool children." The application submitted by Dade County on behalf of the FDLRS/South Associate Center serving Dade and Monroe Counties was selected for funding and was initiated on May 25, 1988. FDLRS/South collaborated with FDLRS/Mailman at the University of Miami and FDLRS/Gateway, serving Hamilton, Columbia, Lafayette, Madison and Suwannee Counties, to complete the work under the grant. Outcomes of the project include:

- assessment of the status of training and resources for the designated population
- design of a collaborative implementation and training model to include development of competencies, replicable training modules which enhance or expand the HRS eight-hour special needs child care module, an adapted training plan for daycare providers, recommendations for curricula to be used in daycare and preschool programs, and recommendations for provision of consultation to parents
- validation of the training modules in Dade, Monroem and counties served by FDLRS/Gateway
- provision of training for potential instructors and other interested personnel in the 18 FDLRS Associate Center service regions.

BEST COPY AVAILABLE

Topics for the eleven training modules, as well as information which provided the basis for the competencies, policy framework, and other products of Project MITCH, were obtained from a literature search, interviews, and letters of inquiry and needs assessments sent to over 600 persons throughout the State of Florida. The modules were written by several authors from various disciplines, including early childhood education, exceptional student education, nursing, occupational and physical therapy, speech and language, nutrition and social work. Each module was read by several critical readers and was piloted in both north and south Florida at least three times before final rewriting took place.

The training series emphasizes developmentally appropriate practice and normal development as the means for working with youngsters who have special needs. The eleven three-hour modules that currently make up the series have relevance for caregivers of normally developing children as well as caregivers who may be working with children who are handicapped, experiencing delays, or who may be at-risk. Although several of the modules specifically address normal and abnormal development from birth to 36 months of age, the material is also meaningful to caregivers of preschoolers who are chronologically older but who are functioning developmentally within the birth to three year range.

## MITCH MODULES

Eleven MITCH training modules have been developed.

(1) *Intellectual Development: What You Can Do to Help*

(2) *Speech and Language Development: What You Can Do to Help*

(3) *The Child Who Seems Different: Meeting Special Needs*

(4) *Family Functioning: The Impact of a Child with Special Needs*

(5) *Listening and Sensory Integration: What to Do Before Speech and Language Develop*

(6) *The Caregiving Environment: Planning an Effective Program*

(7) *Behavior Management: Preventing and Dealing with Problem Behavior*

(8) *Health Care: Infection Control, Medication Administration, and Seizure Management*

(9) *Motor Development: What You Need to Know*

(10) *Nutrition and Feeding Practices: What You Need to Know*

(11) *Working Together: Communication Skills for Parents, Caregivers, and Other Professionals.*

Each of the three-hour modules can be used independently. Although the modules are numbered sequentially, they may be presented in any order since no module provides prerequisite material for another. Each module contains a script for the instructor, activities, references, resource list, and reproducible handouts/overheads. In some cases, a videotape and/or an audiotape and other materials are available to supplement the written material.

## MITCH BOOKLETS

Three booklets have also been produced through MITCH. These may be used with modules as indicated or may be used independently. The booklets are listed below:

- *A Simple Introduction to Physical and Health Impairments*, to be used with Module 3
- *Welcome to the World: An Overview of Your Growing Child*, to be used with Modules 1, 2, 3, 6, and 7
- *Curricula for Use with High Risk and Handicapped Infants and Toddlers*, for use as a supplement to the modules.

## INSTRUCTOR

### Instructor Qualifications

Unless otherwise stated, the MITCH modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood special education, early childhood education, special education, child development, psychology and nursing.

### Role of Instructor

Although the modules do contain scripts, the instructor is encouraged to add to them with his own style, personality, anecdotes, information, handouts, references and resources. It is expected that the instructor will exercise judgement in tailoring the material to the needs, interests, and level of the participants. The best presentations will be those that are specifically designed for the participants by the instructor who best knows their needs.

The instructor may change the lecture/discussion and activity ratio depending upon the group's needs. If all modules are being scheduled for presentation within a relatively short period of time for the same group of participants, the instructor may choose among the activities in order to offer variety since several modules share similar types of activities. The instructor will need to plan adequate time in order to become familiar with the material and tailor it to the needs of each specific audience.

A successful presentation of the material is heavily reliant upon an enthusiastic style on the part of the instructor. Suggestions for achieving this include:

- allow for introductions of participants
- accept and acknowledge interaction from all
- paraphrase questions and responses from the participants loudly enough for all to hear
- create a comfortable atmosphere
- summarize the content of each session before closing.

The audience may include a broad range of persons, including those who knowingly work with very young children with special needs, to others who may have children under their care who have special needs that are not yet recognized. The instructor should assist all caregivers in becoming more comfortable with:

BEST COPY AVAILABLE

- recognizing indicators that a child may be at-risk or may have special needs
- working with that child
- getting additional support and assistance regarding such a child.

It will be important to emphasize that all children are more like one another than they are different. Keeping children in the most natural or normal environment is a major goal for caregivers.

## Instructor Preparation and Follow-Through

Prior to presenting any of the eleven three-hour modules, we recommend that each instructor:

- become entirely familiar with the content and format of presentation
- preview any videotape and/or audiotape
- set date for training
- arrange for a comfortable room in which to present the training
- advertise training in a timely fashion (see reproducible flier in Appendix A)
- arrange for the use of an audiocassette player, VHS videocassette recorder, overhead projector and screen, as needed
- photocopy all handouts and the List of Participants
- prepare overhead transparencies and/or other materials
- collect any additional materials not provided in this packet (see materials list).

After presenting any of the eleven three-hour modules, the instructor should:

- photocopy the reminder letter for each participant regarding the return of the Six-Week Follow-Up Activity
- mail the reminder letters three to four weeks after presenting the training module
- collect, or have participants mail, the completed Six-Week Follow-Up Activity
- review completed Six-Week Follow-Up Activity for each participant
- photocopy Certificate of Completion
- complete Certificate of Completion
- deliver or mail Certificates of Completion to each participant who successfully completed the Six-Week Follow-Up Activity

- maintain a complete record of persons who have successfully completed the module, using the List of Participants.

Reproducible copies of the Instructor's Time Table, Advertising Flier, List of Participants, Mailer, and Certificate of Completion are in Appendix A.

## THE SESSION

### Time

This module, if presented as written, is three hours in length. It may be presented in a single three-hour session, with a 15-minute break after one-and-three-quarter hours, or in three one-hour sessions.

Each module contains a five minute time allotment for opening each hour session, and a five minute time allotment for closing each hour session. If a module is being presented in one three-hour session, the instructor should eliminate the closing time allotment from hour one and the opening time allotment for both hours two and three in order to gain 15 minutes to use for the break. The 15-minute break should occur between presentation of the second and third hours of the module.

It is important to start and end each session on time. Estimates of presentation time are written in the left hand margins for specific segments or activities within each hour. However, the instructor may choose to expand on one or more of these segments or activities while shortening others.

Remember that a limited amount of information that is thoroughly presented will be more meaningful for participants than a larger quantity of information that has been inadequately understood by the participants.

### Handouts/Overheads

Each training module comes complete with specially designed handouts. Since the modules complement one another, some handouts and booklets are recommended for use with more than one module. Reproducible originals of these materials are included in each of the appropriate modules. The Curricula booklet is available separately. The instructor should monitor and make decisions regarding reproduction and distribution of all handouts. The instructor also should supplement them with others that are appropriate.

When deciding which of the original handouts to reproduce as overhead transparencies, the instructor should choose only those with print large enough to be seen and easily read when projected on a screen. Many of the originals are not suited for use as overhead transparencies.

It is suggested, in a time saving effort, that all handouts be compiled into a single packet and distributed at the beginning of the first hour if the entire three-hour module is being presented, or at the beginning of each one-hour session if the module is being presented in one-hour segments. Only the handouts that will be discussed during the presentation should be reproduced and handed out. Some of the handouts present main points but are designed so that participants can use them for note taking. This should be called to the attention of the participants when appropriate.

MITCH printed materials may be reproduced and used in a manner that best meets the needs of the participants. Reproducible originals of handouts, overheads, and booklets (excluding the Curricula booklet) are in Appendix B of each module.

## Videotapes

Videotapes have been chosen to supplement the material of several of the modules (Modules 1, 2, 3, 4, 6, 7, 8, and 9). All of the tapes will provide valuable information for the instructor, even if the videotape is not used during presentation of the three-hour module. Therefore, it is important for the instructor to view the tape that is associated with a specific module prior to presenting the module.

The videotapes have not been included in the designated time allotments suggested in each of the module manuals. The instructor may wish to substitute all or a part of a videotape for material written in the module, extend the three-hour time period, show the videotape at another session, or leave the videotape with the participants to watch as follow-up. See the Specific Information section of each module regarding the videotape for that module. Videotapes may not be copied without written consent of the producer. Information for obtaining videotapes is also provided in the Specific Information section.

## Audiotapes

Audiotapes are recommended for the presentation of Modules 5 and 7. See the Specific Information section of each of those modules regarding the audiotapes. The audiotape presentations have been built into the designated time allotments suggested in each of the module manuals.

## MITCH Theme Music

Included on the reverse side of the two audiotapes, one each for Module 5 and Module 7, is a three-minute segment of the MITCH theme music. The instructor may wish to play this as participants enter the session, as a signal to return from the break, or in any other suitable manner.

## Attendance

At the opening session of each three-hour module, participants should sign the List of Participants form (see Appendix A). The instructor should use this form to verify attendance for all three hours of training and completion of the Six-Week Follow-Up Activity.

## Six-Week Follow-Up Activity

Three to four weeks after presenting the training module, the instructor, or another person representing the training agency, should contact all participants to remind them to submit their final Six-Week Follow-Up Activity (see Appendix C). This may be done by phone or by mail using the prepared mailer (see Appendix A).

The instructor, or some other qualified person designated by the instructor, should evaluate the quality and content of the performance of the Six-Week Follow-Up Activity by each participant. This may be done by a visit to each participant's place of work or by having each participant mail the completed follow-up activity form to the instructor. The instructor will prepare and give a Certificate of Completion to every participant whose performance meets the instructor's criteria.

## Certificate of Completion

Only those participants who attend all three hours of training and who successfully complete the Six-Week Follow-Up Activity are eligible to receive a Certificate of Completion (see Appendix A).

## Record of Completion

The instructor should keep the completed List of Participants forms on file in the training agency. Information should be retrievable by the participant's name.

# Specific Information for Presenting Module 3

## GOALS AND OBJECTIVES

Goal for Hour 1: Participants will gain knowledge of the concept of special needs.

Objective - Participants will gain an understanding of:

- special needs
- conditions that put a child at risk
- early intervention
- special needs terminology.

Goal for Hour 2: Participants will gain knowledge of the identification of special needs.

Objective - Participants will gain an understanding of:

- typical behaviors as possible indicators of special needs
- methods of observation
- the concept of screening
- when to refer a child for further testing.

Goal for Hour 3: Participants will gain knowledge about planning for special needs.

Objective - Participants will gain an understanding of:

- mainstreaming
- appropriate referral procedure
- appropriate referral resources.

## OTHER RECOMMENDED INSTRUCTORS

There are no recommendations for additional instructors for this module.

## CONTACT LIST

Persons to contact if the instructor has questions regarding this module include:

Carole Fox Abbott, Ph.D.
MITCH Project Specialist
FDLRS/South
9220 S.W. 52nd Terrace
Miami, FL 33165
(305) 274-3501

Margie Molinet-Molina
Child Find Specialist
FDLRS/South
9220 SW 52nd Terrace
Miami, FL 33165
(305) 274-3501

Susan Gold, Ed.D.
Assistant Professor of Pediatrics
Department of Behavioral Sciences
Mailman Center for Child Development
P.O. Box 016820
Miami, FL 33101
(305) 547-6624

Rosa M. Estrada-Vidal
School Psychologist
FDLRS/South
9220 SW 52nd Terrace
Miami, FL 33165
(305) 274-3501

## EQUIPMENT, MATERIALS, AND SUPPLIES

### Equipment

This module can be enhanced with the equipment listed below:

- VHS videocassette recorder and monitor - if videotape is to be used
- overhead projector
- projection screen or alternative
- audiocassette recorder.

## Supplies

The instructor should also have the following supplies available:

- chalk
- crayons or markers
- overhead (transparency) pens
- chart paper
- extension cord
- 3 prong/2 prong adapter plug
- masking tape
- transparent tape
- thumb tacks
- extra batteries
- extra pencils for participants.

## Materials Contained in This Manual

The following materials are contained in this manual:

- reproducible forms (Appendix A)
- reproducible handouts/overheads and booklets (Appendix B)
- reproducible Six-Week Follow-Up Activity forms (Appendix C).

## Videotape

The videotape, Meeting Special Needs, was selected to complement this module. Use of this videotape is optional for this module. The videotape is approximately 25 minutes in length and addresses early identification of special needs; options for education; mainstreaming; and various home, school, and center programs.

The film is one in a series of 10 videos designed for parents and childcare providers produced by the North Carolina Center for Public Television and the Frank Porter Graham Child Development Center. The film was written by Thelma Harms and Debby Cryer.

A copy of this videotape may be borrowed from the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Florida Department of Education, 622 Florida Education Center, Tallahassee, FL 32399-0400; phone (904) 488-1879, Suncom 278-1879, or from any local FDLRS Associate Center. A copy may be purchased from ~~DC/TATS MEDIA, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, CB 8040, 300 NCNB Plaza, Chapel Hill, NC 27599-8040, phone (919) 962-7358.~~

Delmar Publishers, Inc., 2 Computer Drive West, Box 15015, Albany, NY 12212-5015; telephone 1(800) 347-7707

## Materials Not Contained in This Manual

In order to present this specific three-hour module, the following materials, which are not included in the packet, need to be obtained by the instructor:

- The Florida Parent Information Series, available through the Clearinghouse/Information Center (see Videotape section above for address); or other publication dealing with exceptional student terminology, especially a publication that may be particularly common to the agency or school district from which the participants come - optional (Hour 1).
- Denver Developmental Screening Test Kit (see Resource List), or other screening materials - optional (Hour 2).
- variety of books which provide information on normal and/or atypical child development - optional (Hour 2).

## Module 3
## THE CHILD WHO SEEMS DIFFERENT:
### Meeting Special Needs

## Hour 1

**Goal:** PARTICIPANTS WILL GAIN KNOWLEDGE OF THE CONCEPT OF SPECIAL NEEDS.

**Objectives -** ***Participants will gain an understanding of:***

- special needs
- conditions that put a child at risk
- early intervention
- special needs terminology.

5 minutes **GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS**

**SESSION BEGINS**

5 minutes **ACTIVITY: Being "Special"**

The following two tasks are designed to raise the sensitivity level of participants regarding being "special" or "exceptional."

*Say:* I would like you to try something. Please listen carefully to me as I read the following passage. It has a very important message.

Instructor reads the following. As instructor reads, instructor should drop the level of the voice so that it is audible only to those very near the instructor. (Note that several words have been eliminated from the text.)

*Say:* In Florida, boys and girls who have special learning needs are called exceptional students. The special help they --- given at school is --- exceptional student education. This --- often written as --- . Sometimes it is called special ---. There are many other --- that may be used to --- an exceptional child. He may --- said to have a ---, a disability, --- an impairment.

*Ask:* Now, what did you learn from what I read?

Instructor leads discussion and points out:

- a hearing impaired child might have trouble learning just as the participants did when the instructor's voice became low
- a child who has difficulty with understanding what is heard (auditory processing) or has difficulty paying attention may miss "hearing" or understanding words just as participants missed every fifth word in this paragraph since the words were eliminated.

*Say:* Let's try something else. Please take out a pencil or pen and a piece of paper. I would like everyone to cross one leg over the other. Now, begin to rotate your foot in a circle, counterclockwise. Keep it going and, at the same time write your full name. Do not stop moving your foot until you have written your first and last name.

Instructor allows time for participants to comply. Then leads discussion to include:

- The process of writing, or the ability to write, was very difficult because of the competing movement of the foot. Children with cerebral palsy or attention problems may experience similar difficulties due to motor problems and/or distractability, respectively.
- The product (written name) is poorly done because of competing factors. Children who experience difficulty in the process of doing something produce inferior products, such as poor writing. A poor self concept may result.

20 minutes **LECTURE/DISCUSSION: Description of Special Needs**

*Say:* Yes, you can see that children and adults who may experience things differently than most of us do, may have what we call "special needs." During this three-hour module we will talk about children who have special needs. First, we will describe what we mean when we talk about "special needs" and "early intervention." We will discuss conditions that put a child at risk and that can cause a child to have special needs. We will try to make clear what certain words mean.

In the second hour, we will talk about how to identify children who have special needs and in our final hour, we will discuss how to work with those infants and toddlers in childcare settings. We will also discuss where to get help in working with these children, or where to refer infants and toddlers if they need an in-depth evaluation.

Let's begin now by talking about "special needs." The terms that have been most popular in talking about services for children who have special needs are "special education" and "exceptional student education." We have referred to the children as special, or as exceptional. You may be familiar with these terms.

More recently, we have been trying to get away from these terms because they tend to isolate children. People began to think that "special children" should be kept separate from other children because they are different, or because they need much more than what other children need from parents, caregivers, and teachers. We have come to know that all children are special. We know that all children must be treated as individuals.

Think of your own children, or, if you don't have children of your own, think of your brothers and sisters, or your nieces and nephews. Think about how you treat them. You love them and give them what they need. You don't "play favorites" - but - you probably do treat each one of them in a special way once in a while. For example, you may be able to ask one child to get the child's shoes and put them on and you know it will be done. You also know that if you ask another, perhaps a younger child to do the same chore, the child may need to have you tie the shoe. You accept this and tie the shoe without analyzing the situation. You do, in fact, meet the special need of a younger child spontaneously.

Let's think of another example. When you prepare food for your brother or sister who comes for a visit, you may make a special chocolate cake for your brother, because it is a favorite of his. However, when your sister comes you may serve fruit for dessert because you know she is a diabetic. Again, without thinking of this as "special", you meet the needs that people have.

You make these changes in how you treat people without thinking about it, or without calling your brother, sister, or child "special" or "exceptional." But, we do want to identify children who have "special needs" so that we can provide the environment necessary for them to make the best progress possible.

6

### Special Needs

*Say:* Concern for the special needs of children began in the early 1800s, when the first attempts were made to educate and protect children who were then described as "idiotic" and "insane." European physicians and educators like Itard, Pinel, Sequin, and Montessori pioneered in systematic efforts to treat and educate children who were handicapped. These persons focused on the differences between children. Their revolutionary ideas included:

- individualized instruction or, instruction designed specifically for one individual child
- carefully sequenced series of educational tasks
- stimulation and the awakening of the child's senses
- careful arrangement of the child's environment, such as reducing the amount of furniture or number of objects in a room to avoid overstimulation or dangerous situations, or keeping all furniture in the room in the same place in order to allow a blind child to learn where obstacles are and how to move around them
- immediate reward for correct performance or behavior
- tutoring in functional everyday living skills such as eating and dressing
- the belief that every child should be educated to the greatest extent possible as early as possible.

Through the years, we have come to adopt the ideas of these early pioneers into our educational programs for children who have special needs.

Let's review then what we mean when we use the term "special needs."

Special needs means that a child requires individualized instruction or attention. That is, the child's characteristics and/or behavior, along with prescribed academic content, provide the basis for teaching techniques.

Special needs means a child may require a carefully sequenced series of educational tasks. These series will begin with tasks the child can perform and will gradually lead to more and more complex learning.

Special needs means a child may require the stimulation and awakening of the child's senses. Many infants may need stimulation such as feeling, smelling, and tasting in addition to, or in place of, hearing or seeing in order to be aware of and respond to educational tasks.

Special needs means a child may require thoughtful arrangement of the environment. Organizing space, providing specific materials and activities, and arranging a regular schedule will structure the child's experience. These arrangements will lead more naturally to learning.

Special needs means a child may require an immediate reward for correct performance. A quick reward provides reinforcement for desirable behavior.

Special needs means a child may need tutoring or one-on-one instruction in functional or everyday living skills. The goal is to make the child as self-sufficient and productive as possible in everyday life.

What is basic, or intrinsic, to the term special needs is that we, as caregivers and educators, believe that every child should be educated to the greatest extent possible.

So, who are these children we know have special needs. They include those we identify as:

- mentally handicapped
- hearing impaired
- physically impaired
- speech and language impaired
- visually impaired
- autistic
- deaf-blind
- emotionally handicapped
- severely emotionally disturbed
- specific learning disabled.

These categories, or names, are those that are used by the Florida Department of Education. Head Start, the Department of Health and Rehabilitative Services (HRS) in Florida, and other departments and agencies within and outside of Florida may use different terms to describe and classify children. What is important, is to find out from the person using the term what they mean by the term. The behavior, characteristics, and needs of the child, not the label, must be the concern of caregivers.

Children identified by these terms may require special education in school and many may also require related services. Related services are services the child needs in order to meet with success in school. These services may include but are not limited to:

- speech therapy
- occupational therapy
- physical therapy
- counseling
- audiological and/or medical management

- transportation.

Another way to think about the special needs of children is illustrated on our handout. Although these terms may not be officially adopted by any agency, they are useful because they are discriptive in nature.

**Handout/ Overhead 3-1-1**

Instructor leads discussion to clarify concepts on **Handout/Overhead 3-1-1.**

Developmental Disabilities which include those traditionally known as:

- mental retardation
- autism
- cerebral palsy
- multiple handicaps.

Sensory Disabilities which include those traditionally known as:

- hearing impairments
- visual impairments.

Physical Disabilities which include those traditionally known as:

- orthopedic impairments
- health impairments.

Language Disabilities which include those traditionally known as:

- speech impairments
- language disabilities.

Behavioral Disabilities

Learning Disabilities.

(adapted from Child Care Continuum of Care)

*Say:* You can see that these terms are somewhat more descriptive than those we first mentioned. There is much controversy about what terms or labels to use and, even, whether to use labels at all. That is not our concern. What is our concern is recognizing that there are many different terms that are used by different agencies to describe the same condition in a child. Remember, when you hear these terms, try to find out, exactly, what they mean. Most importantly, look at the child and try to think about the child's behavior. Try to think about how the child is like or unlike others the same age. Also, try to think about any needs the child may have that most other children might not have for whatever reason. Those needs are special needs.

We have talked about special needs and children who have special needs. Now let's talk about special or exceptional student education.

Special education means adapting the delivery of educational services for children who cannot cope with the traditional task demands of the regular classroom. It also means adapting the delivery of educational services for children who are termed gifted.

Special education refers to specially designed instruction which meets the unique needs of specific children. There are many kinds of special education services and a wide range of ways children receive those services. Often the way children receive services depends on the extent to which the child differs from the average child.

Special education is defined in a Federal Law titled Public Law 94-142 (Education of All Handicapped Children Act). It says there that special education instruction is specially designed, at no cost to parents or guardians, to meet the unique needs of a handicapped child. It includes special classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

This federal law also states that all children are entitled to a free and appropriate education in the least restrictive environment.

**Handout/ Overhead 3-1-2**

Let's think about what that means.

Instructor refers to **Handout/Overhead 3-1-2** and explains the terminology and concepts:

- Free Appropriate Public Education - The words used in the federal law, P.L. 94-142, to describe an exceptional student's right to a special education which will meet the child's individual special learning needs, at no cost to the child's parents.
- Least Restrictive Environment (L.R.E.) - Part of the federal law and state law that deals with determining a handicapped child's placement. This includes that, to the maximum extent appropriate, handicapped children are educated with children who are not handicapped, and that the removal of a child from the regular school environment occurs only when the handicap is such that the child cannot be satisfactorily educated in regular classes with the use of aids and services. In choosing a child's placement in the least restrictive environment, possible harmful effects on the child and the quality of services the child needs are considered.

*Say:* This law, P.L. 94-142, addressed the least restrictive environment for school age children. However, in 1987 P.L. 99-457 ammended the earlier law and extends these services downward to children three to five years of age. Part H of the new law (P.L. 99-457) addresses services to children from birth to age 36 months and requires that states serve children who are identified as handicapped or children who are identified as being at risk. Florida, as well as other states, are in the process of planning for the delivery of these services.

**Handout/ Overhead 3-1-3**

Instructor may wish to discuss **Handout/Overhead 3-1-3** here.

Instructor should update above information as it changes.

Range of Problems

*Say:* The range of problems children have can be thought of as follows. These are not official categories, but they may help us understand the range of problems that can occur.

- Severe to profound - A severe to profound problem is the most obvious. For example a severely involved child is one who may be blind, deaf, very seriously deformed, or physically or medically handicapped. The disability may be the result of a genetic problem or a prenatal or postnatal accident. Severely involved children are often easily identified as having handicaps at or soon after birth, except for deaf children. Deafness and hearing impairments are often not detected until children are several months, and sometimes not until they are two or three years of age.
- Moderate - A moderate problem may or may not be as obvious as a severe problem. The handicap may not be as debilitating as a severe problem. For example, a child with a moderate hearing loss in one or both ears can benefit from hearing aids and may have considerable usable hearing while a child with a severe loss, or a child who is deaf, will have little or no usable hearing.
- Mild - A mild problem is often the most difficult to detect because it is not as obvious as a moderate or severe problem. Many, children who have mild impairments are not identified until they are in school. Then, difficulty with learning or keeping up with other children their age begins to appear. Children with mild learning disabilities, mild forms of mental retardation, mild physical, emotional, or language difficulties fall into this category.
- At Risk - We now have what could almost be considered a fourth category. That is the category of children who are at risk for learning and for development problems.

**Handout/ Overhead 3-1-4**

Instructor refers to **Handout/Overhead 3-1-4**.

*Say:* The Florida Prevention, Early Assistance, and Early Childhood Act reported in Florida House Bill 1818, passed during the 1989 Legislative session, defines a "High-Risk" or "At-Risk" Child as a preschool child with one or more of the following characteristics:

- is a victim, or is the brother or sister of a victim, in an indicated child abuse or neglect report
- has been in an intensive care unit after birth

- has a mother younger than 18 who was not under the care of a physician when she was pregnant, and the mother and child currently receive necessary support services
- has a significant developmental delay in cognition (intelligence), language, or physical development
- has survived a serious illness known to be associated with developmental delay, such as some forms of meningitis
- has survived an accident resulting in developmental delay
- has a parent or guardian who is developmentally disabled, severely emotionally disturbed, drug or alcohol dependent, or in jail and who requires aid in meeting the child's developmental needs
- has no parent or guardian
- is drug exposed
- has a family whose income is at the poverty level or an income that impairs the development of the child
- is handicapped
- is a dependent in residential care under custody of the state.

*Ask:* What is different about some of these risk factors when they are compared to the handicapping conditions that we have already talked about?

**Instructor leads discussion and points out that these are:**

- **factors that affect the environment in which the child is developing**
- **often result from factors that affect others, i.e., parents, siblings, directly, and the child secondarily**
- **are associated with a higher than average rate of disabilities in children (e.g., 4 and 6 above).**

**Handout/ Overhead 3-1-5**

*Say:* `The list in Handout 3-1-5 has some additional factors that can place a child at "high risk."`

Instructor refers to **Handout/Overhead 3-1-5**.

**Before Birth** (prenatal):

- drug abuse by mother
- alcohol consumption by mother
- poor nutrition of mother
- smoking by mother
- stress of mother
- genetic problems
- age of mother
- lack of prenatal medical care
- inadequate socio-economic conditions.

**During Birth:**

- birth complications
- length of pregnancy
- position of baby during delivery
- size/weight of baby
- medical care
- poor health of mother
- method of delivery.

**After Birth** (postnatal):

- accidents (drowning, auto accidents, etc.)
- abuse
- lack of education
- lack of stimulation
- poor health habits
- lack of proper nutrition
- lack of love/care.

Note : MITCH Module #1 - Normal Intellectual Development: Birth to 36 Months, covers the following section on risk factors also in only a slightly different manner. The instructor may wish to review that module. If presenting both modules to the same group, the instructor may decide to either present the material the second time as a review to reinforce learning or to substitute other material.

10 minutes **ACTIVITY: Risk Factors**

Instructor divides participants into three groups. Ask each group to choose a recorder and a reporter.

*Say:* `We have listed many risk factors and we all probably know why most of these things are considered a risk. However, we may not know why others are. Let's take a few minutes to clarify that. I'd like this group`

Instructor identifies one group

`to talk about why, or how the risk factors we have listed as occurring before birth affect a baby. I'd like the second group`

Instructor identifies second group

`to do the same thing for risk factors that may occur during birth and I would like the third group`

Instructor identifies third group

`to do the same thing for factors that occur after birth.`

`After about five minutes, we will call everyone back into the large group and your reporters will tell us why or how these factors affect babies.`

Instructor allows groups to brainstorm for five minutes, then calls group together for discussion. Include the following.

**Before Birth:**

- Drugs - These change body chemistry and "dope" or drug infants. This insults the infant's nervous system and can cause permanent damage. There is also a lack of oxygen caused by a restricted flow of blood.

Cocaine causes a massive interruption of the blood supply that may result in gangrene, malformation, or stroke in the fetus.

- Alcohol and smoking - These are noxious agents that slow the overall growth of the fetus.
- Genetics - Syndromes such as Down Syndrome, Tourette Syndrome, and some other physical disabilities such as Sickle Cell Anemia and Tay Sacks are a result of a genetic abnormality or are passed through the genes. Symptoms may include mental retardation, physical weakness, disability, or malformation. In some cases, genetically caused syndromes result in death.
- Age - Very young teenage mothers and women over 40 tend to bear a larger percentage of handicapped infants. Exactly why is unknown but it is felt that very young mothers do not have bodies that are mature enough while older women have bodies that are too mature to bear the strain of childbirth.
- Prenatal care - Medical personnel can detect potential problems in mothers and can often correct for them (e.g., high blood pressure resulting in low oxygen to fetus; low iron or lack of vitamins resulting in low birth weight babies who may also be vitamin deficient).
- Socioeconomic conditions - Inadequate conditions may cause mother to have poor nutrition, or lack of proper rest, and little or no medical and/or prenatal care. This may result in low birth weight children who may be vitamin deficient and weak.
- Poor nutrition of mother - This results in insufficient nutrition of fetus leading to small, fragile infants.

**During Birth:**

- Birth complications - Improper use of forceps or anesthesia or other problems (see below) may injure the child by causing brain damage.
- Length of pregnancy - Premature infants may not be fully developed enough to live outside of the womb. Too long a pregnancy results in a baby too large to be delivered without surgery or one who may become too cramped in the womb.
- Position of baby - The umbilical cord may wrap around the child's neck and may result in lack of oxygen causing brain damage. A breech birth may result in difficult delivery putting stress on the infant and may result in broken bones, lack of oxygen, or other damage.

- Size/weight of baby - See above, Length of pregnancy.
- Medical care - Infection, improper care, or lack of emergency expertise could result in permanent damage or death of mother or child if problems occur.
- Poor health of mother - The mother's health during the pregnancy will affect her during the delivery of the baby. If the mother used drugs, was poorly nourished, and/or had poor prenatal care, the delivery may be more difficult for her and the infant because she will lack sufficient strength.
- Method of delivery - See above, Birth complications.

**After Birth:**

- Accidents, abuse - Loss of oxygen, trauma may result in brain damage, broken bones, internal injuries, or possible death.
- Education and stimulation - Lack of stimulation may result in loss of opportunity for learning and loss of ability to learn.
- Poor health habits - Continued poor health of mother may result in her not taking proper care of the infant's needs. Infection and sickness may result.
- Love/care - Lack of proper care and nurturing may result in children who have difficulty learning and relating; they may develop emotional and/or social problems.
- Nutrition - Lack of proper diet may result in developmental delays. MITCH module 10, Nutrition and Feeding Practices: What You Need to Know explores the effects of nutrition on development.

10 minutes **LECTURE/DISCUSSION: Prevention and Early Intervention:**

*Ask:* `How can we prevent some of these conditions or factors from happening?`

Instructor leads discussion to include provision of:

- family life education and support services prior to pregnancy
- adequate maternity and newborn services to all persons
- health services for preschool children
- education and related services for handicapped and at risk preschool children

- support services for at risk and handicapped children and their families
- requirements for safety, such as fences around pools, speed limits, car seats, etc.
- genetic counseling for families at risk
- pre-natal care
- education and information about the importance of medical care
- information on the effects of smoking, drinking, alcohol, and drugs on the fetus
- medical advances to detect birth defects prior to birth

*Say:* `You are all getting quite good at knowing about risk factors and how to prevent them. Now I have another question for you.`

*Ask:* `What is early intervention?`

Instructor hears responses and leads discussion to include the following, explaining concepts or terms as necessary:

- Intervention involves the identification of children who are handicapped or at risk.
- Intervention means determining specific deficit areas in children and designing activities, equipment, therapy, and programs that will overcome or compensate for the deficits.
- Intervention involves looking at the whole child, and focusing on developmentally appropriate practices that emphasize all areas of a child's development.
- Early means that we intervene as soon as possible.
- Early intervention efforts are often associated with reduced incidences of referrals for special education and mental health services at later ages.

*Ask:* `Why is it important that we do the intervention early? Why don't we wait until a child is ready to start school at age five?`

Instructor listens to responses and leads discussion to include:

- Research supports the premise that the earlier the intervention the better the chance that the child will have to develop to the fullest potential.
- Early intervention can prevent or minimize the factors that put a child at risk.
- Early intervention provides a basis for reducing the effects of the handicapping condition, helps prevent further possible negative impact of the handicap, and provides information concerning appropriate management of the handicapping condition for all caregivers, including parents.

***Ask:*** What are the benefits of early intervention?

Instructor leads discussion to include:

- Children can receive services to remediate their current deficits at an early age.
- Research has long shown that the earlier the intervention the better chance these children will have to increase their potential (e.g., Head Start).
- Less cost (financial, emotional, physical) to parent, child, and society. This includes our desire to have all children be contributing and productive members of adult society rather than dependent members.

5 minutes

## LECTURE/DISCUSSION: Special Needs Terminology

***Say:*** Special or exceptional student education is a term we use to describe the profession that provides education to children who have special needs. Parents, nurses, doctors, audiologists, occupational and physical therapists, speech therapists, and other professionals also provide services to children who have special needs.

Sometimes these professions are called "disciplines." You may have heard the terms "transdisciplinary," "multidisciplinary," or "interdisciplinary." These terms are used a lot. They mean that people of different professions come together to work with children who have special needs. These people work as a cooperative team - each one having an important contribution to make.

Not every team member works with every child, but may be involved at one point to evaluate a child.

As in the case with any profession, discipline, or field there are certain words that will be important to know. Today we have talked about special needs, early intervention, risk factors, and trans- inter- and multidisciplinary team work. As we continue with this module there are more terms you will learn.

Instructor may use remaining time to review terms in the Florida Parent Information Series or any other list of terms that may be commonly used within the agency or school district from which the participants come.

-Or-

Instructor may disseminate and discuss the MITCH book entitled: *A Simple Introduction to Physical Health Impairments*. A reproducible copy of this booklet accompanies this module.

5 minutes **END OF HOUR 1: Closing**

## Module 3
## THE CHILD WHO SEEMS DIFFERENT: Meeting Special Needs

## Hour 2

**Goal:** **PARTICIPANTS WILL GAIN KNOWLEDGE OF THE IDENTIFICATION OF SPECIAL NEEDS.**

Objectives - ***Participants will gain an understanding of:***

- atypical behaviors as possible indicators of special needs
- methods of observation
- the concept of screening
- when to refer a child for further testing.

0 43

5 minutes
(Omit if 3-hour presentation)

## GREETINGS, SIGN IN, AND DISTRIBUTION OF HANDOUTS

## SESSION BEGINS

***Say:*** We expect that after taking part in this second hour of our three-hour module:

- You will be able to identify children within your center that may be having developmental difficulty.
- You will be familiar with typical and atypical behaviors.
- You will be familiar with ways to observe children and with screening techniques.
- You will know when an additional evaluation may be necessary.

15 minutes

## ACTIVITY: Children You Know

***Say:*** Think of a child you see on a regular basis who appears to be somewhat different from other children of the same age.

Instructor has following written on chalkboard or flipchart for reference:

- Write on a piece of paper the behaviors or conditions that are different.
- How often do these behaviors occur or what is the extent of the condition?
- When do these behaviors occur or what activities does the condition affect?
- If there's more than one behavior or condition, rank order them from the one with the greatest effect to the one with the least effect.
- How do you react to these behaviors or conditions?

Instructor will lead discussion based on answers to questions. Discussion should help participants clarify what does and what does not constitute atypical behavior. Stress behaviors caregivers can look for.

Some behaviors or conditions will be obvious, usually those that are medical or genetic in nature:

- physical impairments
- visual impairments
- multiple handicaps
- obvious syndrome characteristics
- self stimulatory behaviors, e.g., hand flapping, light gazing.

Some behaviors or conditions will be less obvious:

- hearing impairments
- relatively minor delays in cognition, language, motor ability, or social/emotional skills
- over or under activity, rocking and/or assuming the fetal position, lack of eye contact, lack of attention, and staring into space.

*Say:* Yes, look at how much you know about children. The primary caregiver is often the first person to identify a child that has a problem. The caregiver may be unable to clinically label the problem, but will know that a problem exists. The caregiver can be instrumental in screening or referring the child who requires a more in-depth evaluation. A caregiver can gather important information about a problem during contact with the child which will help professionals make a prediction about the child's success or failure in school.

15 minutes **LECTURE/DISCUSSION: Developmental Skills**

*Say:* Five or six developmental areas are usually looked at in young children when they are evaluated by a doctor or psychologist. These are the same areas of development that concern parents, other caregivers, and teachers. Let's talk about these areas for a few minutes.

**Handout/ Overhead 3-2-1**

Instructor discusses **Handout/Overhead 3-2-1**. Review content and ask for questions. Instructor may wish to give examples, or have participants give examples, of delayed development in each of the areas. Point out to the participants that when they see children exhibiting delays in these areas, the children may need special attention.

10 minutes

**LECTURE/DISCUSSION: Observation**

*Say:* Observation, or the act of paying attention and noticing, is an important way to learn about children. It has been used, by many people, in many different ways. Careful observation of children allows one to:

- see what is typical or "normal"
- know what their own child or other children are capable of doing
- build theories about how children grow and develop
- plan appropriate activities for children.

Keeping a written record is a necessary aspect of good observing. While it is important to accurately observe children, it is equally important to be able to keep clear, well-written records of these observations. This is especially important when working with children with special needs or when trying to determine if a child may need to be referred for an evaluation.

**Handout/ Overhead 3-2-2**

Instructor discusses **Handout/Overhead 3-2-2**, carefully clarify all terminology as necessary.

10 minutes

**LECTURE/DISCUSSION: Screening**

*Say:* In addition to observation, there are more formal screening techniques that can be used in order to identify a problem. These include:

- developmental screening tests
- speech and language screenings
- checklists
- hearing and vision screenings.

A screening is a quick test, which generally takes between 10 and 30 minutes. It helps determine if a child might have special needs. Some screening tests can be administered by teachers and only require a minimum of training. Many other types of screenings are conducted by nurses, psychologists, audiologists, speech/language pathologists, and ophthalmologists. Screening tests can be administered to an individual or to a group.

With infants and very young children, a screening test that caregivers may be involved with looks at the child's developmental levels.

One screening test which is commonly used with infants, toddlers, and preschool children is the Denver Developmental Screening Test (DDST). This test consists of a kit of inexpensive materials, a score sheet, and a reference manual. The administration requires that a child perform various tasks appropriate for most children of that age. The examiner, or teacher, may also ask the parent to report whether or not the child is able to do the task. If the parent says that the child can do the task or the child actually performs the task for the examiner, the child is given credit for having the skill.

However, if the child does not perform the selected tasks that children of the same age normally are able to do, the examiner is alerted to the fact that the child may have a problem and may need further evaluation. It is important to remember that this screening test reports that the child can do the task. It is not a measure of the child's intellectual ability, nor a predictor of future ability. It only tells what tasks the child is able to do at the time of the screening.

Let's look at the score sheet for a developmental screening test.

Instructor passes out score sheet of a developmental screening test, such as the Denver Developmental Screening Test (see Resource List or contact the local FDLRS Center if assistance is needed.) Show test kit if available. Also point out that parents may complete checklists at home and return them to the daycare center. Centers can arrange to keep track of the progress of all of their students by using checklists or screening instruments. They may wish to contact the preschool screening specialist at their local school district or FDLRS Center to assist them in setting up a screening program.

Instructor may wish to bring in additional samples of screening tests and review them at length, or the instructor may wish to show the protocols very perfunctorily and then move on, depending upon the nature of the audience.

*Say:* When screening a child the child's cultural, social, and environmental background must be taken into consideration.

For example: if a child has questionable speech and language skills, it is important to assess the child's hearing. Frequently, young children have recurring ear infections which may affect hearing and language development. Another example is the child that comes from a home situation where language experiences are limited. This child's language development may be adversely affected.

**Handout/ Overhead 3-2-3**

Instructor discusses **Handout/Overhead 3-2-3** (*Welcome to the World*) which describes normal developmental milestones. Instructor explains that the booklet may be used as an informal checklist of developmental stages. Caregivers can use checklists to compare the development of children about whom they are concerned. When a child displays a persistent delay from what can usually be expected in one or more areas of development, the child may have a special need. Suggest that milestone checklists other than the handout may also be used. These are available in books on child development found in the library or bookstores, or contact the local FDLRS Center or other agencies. Instructor should bring in some samples and show them at this time.

*Ask:* After a child has been screened and/or closely observed, how might you know if a problem exists?

Instructor leads discussion to include:

- If a child needs a screening and no one at the caregiving setting can do this, call Child Find to arrange for a screening, if this is appropriate for your region.
- If a child fails a screening then a referral should be made. Call Child Find.
- A child can fail a screening but still not have a delay or special need. This is called a false positive. In such a case, the child was identified positive (as having a delay) but, falsely so, in that the child actually proves not to have a delay upon further, more comprehensive evaluation. Screening tests are usually designed to err in the direction of identifying more children as being possibly delayed, rather than not identifying, or missing, children who may actually have a delay.
- Emphasize that professionals make the diagnosis.

What is Child Find?

*Say:* One more topic needs to be discussed before we end this hour. We have mentioned, but not talked about, Child Find. Some of you may not be familiar with what Child Find is or does.

**Handout/ Overhead 3-2-4**

Instructor refers to **Handout/Overhead 3-2-4** and discusses it thoroughly. If instructor is unfamiliar with the specific services the Child Find specialist provides, call and find out prior to presenting this module. Have phone number and name of Child Find specialist available to give to participants.

*Say:* Child Find is a system that tries to locate exceptional children, ages 0-21 who may need special services. Some of the handicapping or special conditions may be in the areas of: speech, hearing, behavior, language, vision, physical impairments, retardation, and learning, or, they could be in a combination of these areas.

Once a child is referred to Child Find, screening by various professionals such as psychologists, speech pathologists, and audiologists may be done. Some Child Find systems have a preschool screening component where a team of individuals are sent throughout the county to screen potentially exceptional students. You may want to contact them about setting up a screening program in your childcare setting.

**Summary**

*Say:* During this hour we have discussed many issues.

*Ask:* Are there any questions?

Who can tell me one important thing we talked about, or name one thing they learned?

Instructor leads discussion to summarize contents of module:

- identification of a-typical behaviors
- methods of observation
- screening techniques
- when to refer

**5 minutes** **END OF HOUR 2: Closing**

## Module 3
# THE CHILD WHO SEEMS DIFFERENT:
## Meeting Special Needs

## Hour 3

**Goal:** **PARTICIPANTS WILL GAIN KNOWLEDGE ABOUT PLANNING FOR SPECIAL NEEDS.**

**Objectives - *Participants will gain an understanding of:***

- mainstreaming
- appropriate referral procedure
- appropriate referral resources.

5 minutes
(omit if 3-hour presentation)

**GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS**

**SESSION BEGINS**

*Say:* We expect that after taking part in this last hour of our three-hour module:

- You will identify mainstreaming procedures.
- You will be able to identify appropriate referral procedures.
- You will be able to identify referral sources within your community.

10 minutes

**LECTURE/DISCUSSION: What is Mainstreaming?**

*Say:* Think of the same child you described and discussed during the second hour of this module. This time the focus will be different.

Instructor has the following written on chalkboard or flipchart for reference. Instructor reads each statement and asks participants to jot down answers:

- In what way is that child like the other children in the center?
- How does that child react to other children socially?
- Does the child seek to play with a particular group/child?
- Is the child a loner?
- How do other children react to this child?
- List some positive reactions.
- List some negative reactions.

Instructor then has some participants read their responses. Instructor leads discussion based on answers to the questions. Discussion should focus on the concept that although a child may have special needs, the child is more like other children than different from them.

*Say:* Remember that although a child may be exceptional, the child is first a child. Yes, while the child is in your care you can make a difference. By becoming aware of the positive and negative effects that you and children within your care have on each other, you can capitalize on the positive and try to change the negative.

You may be asking yourself, "Why should children with special needs be included or integrated with normally developing youngsters." Let's talk about the reasons for this practice

- First, children with special needs are more like other children than they are different. All of us are somewhat different from others. Youngsters with special needs are children first and children with special needs second.
- Second, there are social and ethical reasons for integrating these youngsters. It is important to avoid any negative views people may form about children with special needs. Negative views can come about as a result of not understanding or not knowing these children. These can be reinforced by isolating these children. In turn, this only adds further to a lack of knowledge and understanding.
- Third, federal and state laws mandate, or require that children be served in the least restrictive environment, or L.R.E. We have already talked about this in Hour 2.
- Finally, educational and psychological advantages to the child with the special needs favor the mainstreaming approach.

*Say:* We have learned through research that the early years of life are of the utmost importance for growth and learning. It is during this time that a child's intellectual, language, and social/ emotional development are most influenced. If a child's special needs are identified and met during these years, the child has a much better chance of becoming an independent adult. Children with handicapping conditions who are given the opportunity to play and interact in the mainstream environment learn more about themselves and about others. It is actually common to find children with special needs in programs with normally developing infants and toddlers. It has become commonly accepted that very young children with special needs learn and develop better in a mainstream environment.

(Above adapted from Cook, Tessier, and Armbruster, 1987.)

**15 minutes** **LECTURE/DISCUSSION: Providing for Successful Mainstreaming**

*Say:* Let's spend a few minutes talking about mainstreaming. Mainstreaming is the educational practice of placing children with handicapping conditions or special problems in a setting with children who do not have handicaps. In preschool and daycare settings, we can do this also. However, researchers tend to agree that simply placing children with special needs in the same setting as non-special needs children is not enough (Cooke, Ruskus, Apolloni, & Peck, 1981). It is necessary to arrange the environment and to structure interaction between normally developing youngsters and youngsters with special needs (Vaughn, 1985).

Caregivers must also arrange the environment so that children with special needs interact meaningfully with materials and equipment since these youngsters may not learn well spontaneously. Sometimes caregivers have to teach children how to play: how to play with toys; and how to play with other children. This is what makes the caregiver's role so important. We must help these children reach out and experience their world. We must move in to assist a child in reaching for an object or being able to experience an activity, such as tasting a new food, splashing in a pool, chasing bubbles, and moving to music.

Mainstreaming helps children with handicaps to become self-reliant. It encourages them to strive for achievement and take risks which helps to develop a healthy and positive self-concept. This is not as difficult as it may sound. It means, for the most part, that caregivers must be active. We must be natural. We must engage the child in activities. We must listen to and watch the child to determine what to do next. We must encourage these children in their reaching out and in their struggle for mastery.

The child will also let us know how to respond. Caring, sensitive, knowledgable adults will respond appropriately.

IMPACT Child Care Project (3856 Evans Avenue, Suite 3, Ft. Myers, FL 33901) has developed an eight-hour training module called Mainstreaming Works! It deals with caring for children with special needs in childcare centers. It was developed to provide eight hours of training to HRS employees. Perhaps some of you have taken this training.

The ten other MITCH training modules, each three hours in length, also provide training designed to help caregivers gain skills in working with infants and toddlers with special needs.

**Handout/ Overhead 3-3-1**

Instructor refers to **Handout/Overhead 3-3-1**.

*Say:* We have been talking about the benefits mainstreaming has for the child with special needs. How about normally developing children? How does mainstreaming affect them? Does anyone know what research has told us about them?

Instructor leads discussion to cover the following points

Normally developing children:

- serve as models and peer teachers which enhances their feelings of self-worth

- see beyond physical and mental differences and help each other at an early age
- tend to become more understanding and sensitive as they grow older.

*Say:* Sometimes parents are afraid that their normally developing children will try to act like handicapped children by copying their behavior, or that they will regress in some other way. This does not happen. In fact, these children tend to make better than average progress (Bricker, Bruder, & Bailey, 1982; Odom, DeKlyen, & Jenkins, 1984).

In conclusion, let's summarize the benefits of mainstreaming.

- Handicapped and non-handicapped children, as well as parents and teachers, learn to accept and to be comfortable with individual differences. In other words, we all become more tolerant of individual differences.
- We learn to recognize that children with special needs just as children without special needs have strengths and weaknesses. All children are special -- handicapped children have special needs, but they are children first.
- Meeting a child's special needs is of utmost importance during the early years of life.
- Research has shown that children with special needs learn and develop better in an environment that lets them learn with children who are not handicapped.

*Ask:* Are there any questions?

15 minutes **LECTURE/DISCUSSION: Caregivers Role**

*Say:* Let's talk about the caregiver's role in mainstreaming. What are important concepts or ideas that the caregivers must adopt?

Instructor leads discussion to include the following. Try to have participants speak in the first person (e.g., "I can..."):

- The importance of seeing children with special needs as children first, with the same needs as all children for love, acceptance, sense of belonging and accomplishment, and opportunity for exploration.
- Once the caregiver has accepted that "children are children first" then the caregiver can move on to making a real difference during the time that a child is with the caregiver.
- All children, those with and those without special needs, develop at different rates. All have degrees of strengths and weaknesses. Many are from different racial and ethnic backgrounds and have different values and cultural practices. The caregiver must meet the needs of all children and adjust to their interaction and method of relating.
- Caregivers must adapt their program goals and plans for each and every child, based on the needs and level of development of each and every child. Parents are an integral part of a young child's program. Caregivers must seek parents' help and try to incorporate them into this plan. This may not always be successful or easy to do, however, remember that parents are the primary caregivers.
- Become knowledgeable regarding normal development of infants and toddlers. Learn about activities that can be incorporated into the program that will benefit and be appropriate for all children.
- Become knowledgeable of special services and information that are available for children with special needs. (Note: This will be discussed later in more detail in this hour.)
- Share what works.

*Say:* Now, I have a few questions for you. First, how would you answer a set of parents who are unhappy about placing their child in your caregiving setting where you have accepted one or more children with special needs?

Instructor leads discussion to include:

- Explain to these parents that your center has a non-discriminatory acceptance policy.

- Have pamphlets dealing with developmental delays readily available. These can be requested from many of the agencies that will be discussed.
- Review benefits of mainstreaming (as discussed earlier).

***Ask:*** Are there any questions?

***Say:*** Another question I have for you is this. Suppose you have learned the benefits of mainstreaming and what you as a caregiver can do for an exceptional child in your care. However, you feel that the child in question needs more than what you can do for the child. What can you do?

Instructor leads discussion to include:

- Contact the child's parents to set-up a time to have a conference with them.
- Establish rapport and convey a friendly acceptance of the parents and their feelings.
- Ask the parents if they have any concerns about the child's development/functioning.
- Inquire about the child's activities at home.
- Inquire about the child's interaction with playmates, and any recent changes, either in the child's behavior or in the home environment.
- Ask what the child reports about school, if child is old enough to talk.
- Voice your concerns about the child and tell the parents the specific behavior that you have observed.
- Tell them that the child does not seem to be developing up to expectation or to appropriate age level.
- Suggest their assistance in arranging for a screening test, if it has not already been done.
- If a screening test has already been done (some centers do this routinely) and the child's performance indicates delays, assist the parents in referring the child to FDLRS Child Find, or to another agency.
- Instructor makes sure all participants have the name and phone number of the local Child Find person.

- Explain different community resources that are available to the parents.

10 minutes **LECTURE/DISCUSSION: Community Resources**

*Say:* `There are many community resources you can tap for guidance. Seek them out. Let's brainstorm and list some places, people, and sources of information.`

Instructor writes responses on chalkboard or flipchart. Include the following.

Places:

- state department of education
- community mental health agencies
- colleges/universities
- hospitals/clinics
- public schools

People:

- doctors
- child's parents
- public school teacher
- occupational therapist
- dentist
- psychiatrist
- physical therapist
- speech pathologist
- audiologist
- nurse
- psychologist
- ophthalmologist

Information:

- social worker
- libraries
- state/federal agencies
- professional associations
  - American Psychological Association (APA)
  - Council for Exceptional Children (CEC)
- parent organizations
  - Parent to Parent of Florida
  - Parent Education Network (PEN)

- National Center for Clinical Infant Programs (NCCIP)
- Florida Special Supplemental Food Program for Women, Infants and Children (WIC)
- Human Assistance Network Direction Service (HANDS)

**Handout/ Overhead 3-3-2 & 3-3-3**

Instructor refers to **Handout/Overhead 3-3-2** and **3-3-3**. Use as much time as you have remaining to read through the lists aloud.

5 minutes

**EXPLANATION OF SIX-WEEK FOLLOW-UP ACTIVITY**

Give participants the phone number at which you can be reached should there be any questions regarding the follow-up activity.

**END OF HOUR 3: Closing**

# Resource List

~~Batel Developmental Screening~~, DLM Teaching Resources, One DLM Park, P.O. Box 4000, Allen, TX 75002. ↳ Battelle Developmental Inventory Screening Test,

Child Care Continuum of Care Project, 409 Dixie Road, Milton, FL 32570; phone (904)623-9320 or 994-0679. This organization provides information or suggestions regarding technical assistance, specialized training needs, or media resources.

Communication Screen, Communication Skill Builders, 3130 N. Dodge Blvd., P. O. Box 42050, Tucson, AZ 85733.

Denver Developmental Screening Test. LAADOCA Project and Publishing Foundation, Inc., East 51st Avenue and Lincoln Street, Denver, CO 80216.

Developmental Activity Screening Inventory (DASI). DLM Teaching Resources, One DLM Park, P.O. Box 4000, Allen, TX 75002.

Developmental Indications for the Assessment of Learning - Revised (DIAL-R), Childcraft Education Corporation, 20 Kilmer Road, P. O. Box 3081, Edison, NJ 08818.

Slide presentation: "PL 99-457 A New Committment" (12 minutes) is available from Chapel Hill Outreach Project, Lincoln Center, Merritt Mill Road, Chapel Hill, NC 27514. Phone: (919) 967-8295.

Special Focus, Summer 1989. Teaching Exceptional Children. Council for Exceptional Children, Reston, VA. Four short reproducible articles deal with special needs infants and toddlers in daycare and home settings.

# Reference List

Abbott, C. F. (1989). Developmental skills, an unpublished manuscript, Miami.

Ballard, J. Public Law 94-142 and Section 504 - Understanidng what they are not, Govermental Relations Unit, The Council for Exceptional Children.

Bricker, D., & Sheehan, R. (1981). Effectiveness of an early childhood intervention program as indexed by measures of child change. Journal of the Division for Early Childhood, 4, 11-27.

Bricker, D. D., Bruder, M. B., & Bailey, E. (1982). Developmental integration of preschool children. Analysis and Intervention in Development Disabilities, 2, 207-222.

Burke, P. J. (1976). Personnel preparation: Historical perspective. Exceptional Children, 43, 144-147.

Child Care Continuum of Care. Nurturing special children: A training resource guide for child care personnel. Milton, FL.

Cook, R. E., Tessier, A., & Armbruster, V. B. (1987). Adapting early childhood curricula for children with special needs. Columbus, OH: Merrill.

Cooke, T., Ruskus, J., Apolloni, T., & Peck, C. (1981). Handicapped preschool children in the mainstream: Background, outcomes, and clinical suggestions. Topics in Early Childhood Special Education, 1, 73-83.

Frankerburg, W. K., Dodds, J. B., Fandal, A. W., Kazuk, E., & Cohrs, M. (1975). Denver Developmental Screening Test Reference Manual. Denver: LADOCA Project and Publishing Foundation.

Gearheart, B. R., & Weishahn, M. W. (1976). The handicapped child in the regular classroom, (pp. 129-149), Saint Louis: C. V. Mosby.

Gold, S., & Abbott, C. F. (1989). When to refer: A dilemma for preschool teachers. Dimensions 17(2), 8-11.

Horton, K. B. (1976). Early intervention for hearing-impaired infants and young children. In T. J. Tjossem (Ed.). Intervention strategies for high risk infants and young children. Baltimore: University Park Press.

Impact Childcare Project. (1987). Mainstreaming: Trainer manual. Ft. Myers, FL.

Kauffman, J. M. (1981). Historical trends and contemporary issues in special education in the United States. In J. M. Kauffman, & D. P. Hallahan (Eds.). Handbook of special education. Englewood Cliffs, NJ: Prentice-Hall.

Kauffman, J. M. (1976). Nineteenth century views of children's behavior disorders: Historical contributions and continuing issues. Journal of Special Education, 10, 335-349.

BEST COPY AVAILABLE

# Reference List (cont'd)

Keogh, B. K., Wildcoxen, A. G., & Bernheimer, L. (1986). Prevention services for at-risk children: Evidence for policy and practice. Risk in Intellectual and Psychosocial Development, 12, 287-311.

Kuriloff, P., Ture, R., Kirp, D., & Buss, W. (1974). Legal reform and educational change: The Pennsylvania case. Exceptional Children, 41, 35-42.

Maghiocca, L. A., & Stephens, T. M. (1980). Child identification or child inventory? A critique of the federal design of child-identification systems implemented under P. L. 94-142. Journal of Special Education, 14, 23-36.

Odom, S. L., Deklyen, M., & Jenkins, J. R. (1984). Integrating handicapped and nonhandicapped preschoolers: Developmental impact on nonhandicapped children. Exceptional Children, 51, 41-48.

Ramey, C. T., Trohanis, P. L., & Hostler, S. L. (1982). An introduction. In C. T. Ramey, & P. L. Trohanis (Eds.). Finding and educating high-risk and handicapped infants. Baltimore: University Park Press.

Smith, B. J. (1984). Expanding the federal role in serving young special-needs children. Topics in Early Childhood Special Education, 4(1), 33-42.

Technical Assistance Report (1987, February). Bureau of Education for Exceptional Students. Tallahassee, FL: Department of Education. pp. 14-15.

Vaughn, S. R. (1985). Facilitating the interpersonal development of young handicapped children. Journal of the Division for Early Childhood, 9, 170-174.

# Appendix A

## Reproducible Forms for Three-Hour Module

| Form | Copies to make |
|---|---|
| • Instructor's Time Table and Notes (2 pages) | • 1 per instructor |
| • Advertising Flier | • As needed |
| • List of Participants | • Varies - usually 6 to 8 |
| • Follow-Up Mailer (2 pages) | • One per participant |

Note: **Reproduce mailer as one two-sided page by photocopying the second page on the reverse side of the first. This mailer may be reproduced on agency letterhead.**

| | |
|---|---|
| • Certificate of Completion (1 page) | • 1 per participant |

# Instructor's Time Table and Notes

**MITCH Module Title:** ____________________

**Training Location** ____________________

**Date** ____________________

**Instructor** ____________________

## Preparation

| **Date** | **Task** | **Completed** |
|---|---|---|
| ____________ | Review module | ____________ |
| ____________ | Preview videotape*<br>and audiotape | ____________ |
| ____________ | Arrange for guest speaker* | ____________ |
| ____________ | Set date | ____________ |
| ____________ | Arrange for room | ____________ |
| ____________ | Arrange for A-V equipment* | ____________ |
| ____________ | Advertise | ____________ |
| ____________ | Photocopy all handouts | ____________ |
| ____________ | Prepare any overheads | ____________ |
| ____________ | Collect additional materials | ____________ |

**Notes for Training**
**Hour 1:**

**Hour 2:**

*** if applicable**

**Trainer's Time Table and Notes, continued**
**Hour 3:**

## Six-Week
## Follow-Up Activity

| Date | Task | Completed |
|---|---|---|
| | Copy letters | |
| | Send letters | |
| | Collect activity | |
| | Review activity | |
| | Copy certificate | |
| | Prepare certificate | |
| | Deliver certificate | |
| | Record trainees who have completed module | |
| | Maintain List of Participants on file | |

Notes:

## Coming . . . MITCH Module 3

### THE CHILD WHO SEEMS DIFFERENT:

### Meeting Special Needs

## TRAINING
## FOR
## CAREGIVERS
## OF
## INFANTS
## AND
## TODDLERS

**Date** ........................................................ **Time** ........................................

**Location** ........................................................................................................

**Training Agency** ..............................................................................................

**For information and/or registration, call** ..........................................

.......................................................................................................................

.......................................................................................................................

# LIST OF PARTICIPANTS

## SIGN IN SHEET
## MITCH Module #

MITCH module title ________________________________________
Training date ________________________________________
Training location ________________________________________
Instructor ________________________________________

| Hours Attended | | | |
|---|---|---|---|
| 1st | 2nd | 3rd | *FA |
| | | | |
| | | | |
| | | | |
| | | | |

**Please PRINT your name, social security number, home mailing address, phone and place of work.**

Full Name ________________________ Social Security ______________
Home Address ________________________________________
City ________________________ State __________ Zip ________
Phone ________________________ Place of Work ______________
Work Address ________________________ Zip ______________

Full Name ________________________ Social Security ______________
Home Address ________________________________________
City ________________________ State __________ Zip ________
Phone ________________________ Place of Work ______________
Work Address ________________________ Zip ______________

Full Name ________________________ Social Security ______________
Home Address ________________________________________
City ________________________ State __________ Zip ________
Phone ________________________ Place of Work ______________
Work Address ________________________ Zip ______________

Full Name ________________________ Social Security ______________
Home Address ________________________________________
City ________________________ State __________ Zip ________
Phone ________________________ Place of Work ______________
Work Address ________________________ Zip ______________

*** Follow-Up Activity completed**

*Dear*

*This is to remind you that the Six-Week Follow-Up Activity for MITCH Training Module #* ____

*Title:* ________________________________________________________________

*is due* ____/ _____/ ____.

*Please submit your Follow-Up Activity to:*

________________________________________

________________________________________

________________________________________

________________________________________

*If you have any questions, please call:*

__________________________ *telephone* ____________________.

*Sincerely,*

*Staple*

Fold #2

---

From: MITCH Module Training

To:

Fold #1

---

# Certificate of Completion

## MITCH

**Model of Interdisciplinary Training for Children with Handicaps**

________________________________________

**has completed all requirements for MITCH Module 3, entitled:**

***THE CHILD WHO SEEMS DIFFERENT: MEETING SPECIAL NEEDS***

______________________________

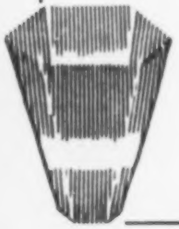
**Instructor**

______________________________

**Training Agency**

_______________

**Date**



This training module was developed by the MITCH Project, the Florida Diagnostic and Learning Resources System/South Associate Center, and the Bureau of Education for Exceptional Students, Florida Department of Education.

BEST COPY AVAILABLE

# Appendix B

## Reproducible Copies of Handouts/Overheads/Booklets

Note:

**Each handout is numbered in a three-digit code such as: Handout 3-1-4. The first digit (3 in example) refers to the module number. The second digit (1 in example) refers to the hour of the Module, while the last number (4 in example) refers to the number of the handout itself. Consequently, the example number above denotes the fourth handout to be used during the first hour of Module 3.**

# Children Who Have Special Needs

## Display One or More of the Following

## DEVELOPMENTAL DISABILITIES

Mental Handicap (Retardation)

Cerebral Palsy

Autism

Multiple Handicaps

## SENSORY DISABILITIES

Hearing Impairments

Vision Impairments

## PHYSICAL DISABILITIES

Orthopedic Impairments

Health Impairments

## LANGUAGE DISABILITIES

Speech Impairments

Language Disabilities

## BEHAVIORAL/EMOTIONAL DISABILITIES

## LEARNING DISABILITIES

Adapted from ChildCare Continuum of Care

| Module | Hour | Handout |
|---|---|---|
| 3 | 1 | 1 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Definition of Terms Used in P.L. 94-142

## FREE APPROPRIATE PUBLIC EDUCATION:

The words used in the federal law, P.L. 94-142, to describe an exceptional student's right to a special education which will meet his individual special learning needs, at no cost to his parents.

## LEAST RESTRICTIVE ENVIRONMENT (LRE):

Part of the federal law and state law that deals with determining a handicapped child's placement. This includes that, to the maximum extent appropriate, handicapped children are educated with children who are not handicapped, and that the removal of a child from the regular school environment occurs only when the handicap is such that the child cannot be satisfactorily educated in regular classes with the use of aids and services. In choosing a child's placement in the least restrictive environment, possible harmful effects on the child and the quality of services he needs are considered.

Taken from: For Parents of Exceptional Students . . . An Information Series, published by The State of Florida, Department of Education (1982).

| Module | Hour | Handout |
|---|---|---|
| 3 | 1 | 2 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Education of the Handicapped Amendments of 1986

## Overview of P.L. 99-457

### Coordinated Statewide System Will Strengthen Early Intervention Efforts for Infants and Toddlers

The 1986 Infants and Toddlers federal legislation has provided an exciting opportunity for Florida to create an integrated and coordinated statewide system for serving children during their very earliest years of life.

The primary intent of this legislation is to provide states with funds to plan and develop comprehensive systems of early intervention for infants and toddlers who are handicapped, developmentally delayed, or at risk of handicap or developmental delay and their families.

The law recognizes the growing body of research documenting the effectiveness of intervening on behalf of vulnerable children during the first 36 months of their lives. Conditions which may seriously impair a child's optimal development may be significantly improved if the right mix of services is available in a timely fashion.

### The federal legislation provides incentives for states to:

Create a statewide system that links existing early intervention and family support systems into a more coordinated and cohesive system;

Coordinate existing funding to provide services to infants and toddlers, and enhance and expand the existing system of early intervention to infants and toddlers and their families.

### In planning to implement P.L. 99-457 Part H, Florida recognizes that:

The family is the most important influence on a child, and the family should be an active participant in decisions affecting their child;

Each child is unique and has unique needs. Families also have unique characteristics and cultural differences which must be respected;

The child must be viewed in a larger context than that of the disability alone;

Eligible children are entitled to services that will support their physical, social, emotional, and intellectual development. Eligible children and families should, therefore, have access to the mix of services required to meet their individual needs;

| Module | Hour | Handout |
|---|---|---|
| 3 | 1 | 3 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Education of the Handicapped Amendments of 1986

## Overview of P.L. 99-457 (con't.)

Children have a right to a family-centered support system, including a service plan that addresses their unique needs, strengths, and capabilities;

Society benefits when children and adults achieve their maximum potential for independent living.

Florida has designated a lead agency, the Department of Education, to be the responsible agency for implementing the law. The Governor has appointed an interagency coordinating council with representation from parents, public and private providers, the Department of Health and Rehabilitative Services, and the Department of Education.

The federal legislation gives wide discretion to the states allowing them to define who will be eligible for services, the types of services available, and many other aspects of the system.

According to the federal legislation, by the fifth year, the statewide early intervention system must be fully implemented. Florida is currently planning activities, and efforts are underway to coordinate federal and state policies and to develop an integrated and coordinated statewide system.

If you would like more information about this effort, contact:

**DOE Part H Coordinator**
Prekindergarten Handicapped Programs
Bureau of Education for Exceptional Students
Division of Public Schools
Florida Department of Education
Florida Education Center - 544C
Tallahassee, FL 32399-0400
Phone (904)488-6830

or:

**HRS Part H Coordinator**
Department of Health and Rehabilitative Services
1317 Winewood Boulevard, Bldg. 5, Suite 188
Tallahassee, FL 32301
Phone (904)488-5040

Information on this sheet was compiled and
written by Prekindergarten Handicapped Programs Office,
Bureau of Education for Exceptional Students, Florida Department of Education

| Module | Hour | Handout |
|---|---|---|
| 3 | 1 | 3 (con't.) |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# High-Risk Characteristics

Prevention, Early Assistance, and Child Development reported in Florida House Bill 1818, passed during the 1989 Legislative session, defines a "High Risk," or "At-Risk Child" as a preschool child with one or more of the following characteristics:

- is a victim, or is the brother or sister of a victim, in an indicated report of child abuse or neglect
- has been in an intensive care unit after birth
- has a mother younger than 18 who was not under the care of a physician while she was pregnant, and the mother and child currently receive necessary support services
- has a significant developmental delay in cognition (intelligence), language, or physical development
- has survived a serious illness known to be associated with developmental delay, such as some forms of meningitis
- has survived an accident resulting in developmental delay
- has a parent or guardian who is developmentally disabled, severely emotionally disturbed, drug or alcohol dependent, or in jail and who requires aid in meeting the child's developmental needs
- has no parent or guardian
- is drug exposed
- has a family whose income is at the poverty level or an income that impairs the development of the child
- is handicapped
- is dependent on residential care under custody of the state.

Adapted from Prevention, Early Assistance and Child Development
as reported in Florida House Bill 1818, 1989, Florida Legislative Session.

| Module | Hour | Handout |
|---|---|---|
| 3 | 1 | 4 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Risk Factors

## BEFORE BIRTH

- drug abuse by mother
- alcohol consumption by mother
- poor nutrition of mother
- smoking by mother
- stress of mother
- genetic problems
- age of mother
- lack of prenatal medical care
- inadequate socio-economic conditions.

## DURING BIRTH

- birth complication
- length of pregnancy
- position of baby during delivery
- size/weight of baby
- lack of medical care
- poor health of mother
- method of delivery.

## AFTER BIRTH

- accidents (drowning, auto accidents, etc.)
- abuse
- lack of education
- lack of stimulation
- poor health habits
- lack of proper nutrition
- lack of love/care.

| Module | Hour | Handout |
|---|---|---|
| 3 | 1 | 5 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# DEVELOPMENTAL SKILLS

## Areas Typically Assessed in Preschool Children

**1. Intellectual (Cognitive) Development:** Intellectual or cognitive development refers to the child's ability to gather and use information, or to learn.

Learning involves the active interplay between what the child perceives (sees, hears, tastes, touches, smells) and what the child already knows (memory). This interplay is further affected by the child's language ability, emotional state, and environment.

Evaluation of learning, or cognitive development, involves looking at the mental processes that make possible such intellectual, or school-type skills, as sorting, grouping, and classifying. Traditionally, it has been less concerned with "non-intellectual" or everyday-type skills such as being able to find one's way to a friend's house, taking a bath, or painting a picture.

Evaluation is usually done by a psychologist who uses "Intelligence Tests," such as the Merrill Palmer Scale of Mental Tests, Leiter International Performance Scale, Stanford Binet Intelligence Scale: Edition IV, Kaufman Assessment Battery for Children, McCarthy Scales of Mental Abilities, and the Wechsler Preschool and Primary Scale of Intelligence.

**2. Language Development:** Language development refers to the child's ability to receive (understand or comprehend) and deliver (express or give out) information. In addition to speech, it involves gestures, signs, facial expression and body attitude.

Language is the major method of communication. It is the way a child tells us what the child wants us to know. It is the way a child knows what we want the child to know or do. Therefore, language is also the process by which a child gains information or knowledge. The child uses language to order and name his world. Language is used to elaborate concepts and ideas. Language is heavily tied to learning and cognitive development.

Evaluation of speech and language is usually done by a speech and language specialist, although language is also evaluated by a psychologist. Common tests are the Peabody Picture Vocabulary Test, the Expressive One Word Picture Vocabulary Test, the Preschool Language Scale, and the Sequenced Inventory of Communication Development.

**3. Fine Motor Development:** Fine motor development refers to the child's ability to use and coordinate small muscles for fine, precise movements, mostly involving the hands.

It is necessary for a child to have good skills in this area in order to engage in appropriate interaction with materials such as paper and pencil, blocks, puzzles, buttons, snaps, zippers, and shoe laces. Good fine motor skills help or harm a child's ability to learn from the environment. They also affect a child's ability to perform tasks at an age appropriate level.

| Module | Hour | Handout |
|---|---|---|
| 3 | 2 | 1 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# DEVELOPMENTAL SKILLS (con't.)

Fine motor skills may be evaluated by psychologists or teachers using certain sections of developmental tests such as the Learning Accomplishment Profile, Diagnostic-Revisted; or the Battelle Developmental Inventory. There are also special tests to evaluate eye-hand coordination such as the Developmental Test of Visual Motor Integration. More in-depth evaluations may be done by occupational therapists.

**4. Gross Motor Development**: Gross motor development refers to a child's ability to coordinate and use muscles in the arms and legs.

It is necessary for a child to have good skill in this area in order to run, walk, sit and find correct position in space. Correct positioning directly affects a child's fine motor ability, and consequently directly impacts the child's degree of success with toys and materials.

Evaluation of gross motor skills can be done by psychologists or teachers using developmental tests (see above). In-depth evaluations may be done by physical therapists.

**5. Social and Emotional Development**: Social and emotional development refers to a child's ability to relate to and interact with other persons in the environment.

This area includes the child's feelings of self-worth, how the child approaches a problem, what the child expects from others, the level of understanding the child has of self, and the awareness the child has of the thoughts and feelings of others.

Evaluation of social and emotional development may be done by teachers, social workers, psychologists and, sometimes psychiatrists. They may use one or more checklists or scales, such as the Burk's Behavior Rating Scale or the Vineland Adaptive Behavior Scales. Sometimes social workers, psychologists or psychiatrists will look at a child's drawings or evaluate a child by using a clinical interview (talking with the child and/or watching the child play).

**6. Self-Help Development**: Self-help development refers to a child's ability to take care of personal needs such as feeding and dressing. These are learned behaviors that are influenced by such factors as the child's mental ability, the home environment, experience, and physical abilities.

Evaluation of these skills can be done by teachers, social workers, or psychologists. They use checklists and scales (see above) and special sections of developmental tests (see above).

Reprinted with permission from C. F. Abbott (1987).

| Module | Hour | Handout |
|---|---|---|
| 3 | 2 | 1<br>(con't.) |

# Suggestions for Observing

1. Watch the child in many different work and play settings.

2. Observe how the child gets along with other children in small and large groups.

3. Observe how the child responds to adults.

4. Consider cultural factors that may influence the child's behavior.

5. Observe what makes the child happy; what makes the child sad.

6. Observe whether the child acts older than others of the same age.
   Observe whether the child acts younger than others of the same age.

7. Watch to see if the child appears:
   - sad
   - tired
   - lethargic
   - stressed
   - oversensitive
   - overactive.

8. Observe changes in the child's behavior at different times of the day.
   If changes occur, what seems to cause the change?

9. Watch for clumsiness or lack of coordination.

10. Decide if the child seems to hear and see as well as other youngsters.

11. Observe whether the child seems to learn at the same, a slower,
    or a faster rate than others.

12. Determine how the child seems to learn best:
    - by watching
    - by doing (touching)
    - by listening.

13. Decide if the child communicates as well as others of the same age.

14. Decide if the child can care for personal needs as well as others of the same age.

15. Determine which methods of discipline work best for the child.

Reprinted with permission of Gold & Abbott, (1989).

| Module | Hour | Handout |
|---|---|---|
| 3 | 2 | 2 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Welcome to the World

## Booklet on Normal Developmental Milestones

(A reproducible copy of this booklet follows.)

This handout is recommended for use with MITCH Modules 1, 3, 6, 7 and 9.

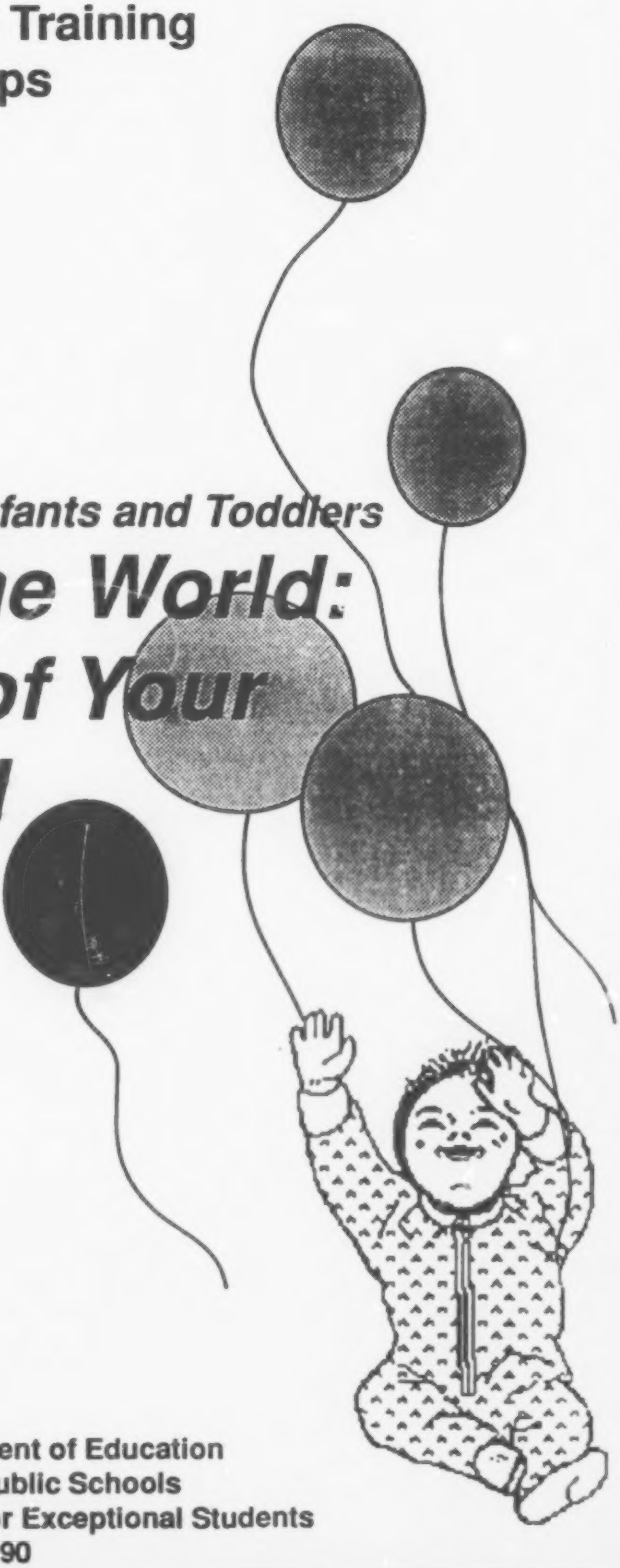
| Module | Hour | Handout |
|---|---|---|
| 3 | 2 | 3 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

## Model of Interdisciplinary Training for Children with Handicaps



A Series for Caregivers of Infants and Toddlers

# *Welcome to the World: An Overview of Your Growing Child*

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series is one of many publications available through the Bureau of Education for Exceptional Students, Florida Department of Education, designed to assist school districts, state agencies which operate or support educational programs, and parents in the provision of special programs for exceptional students. For additional information on this training series, or for a list of available publications, contact the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Florida Department of Education, Florida Education Center, Tallahassee, Florida 32399-0400 (telephone: 904/488-1879; Suncom: 278-1879; SpecialNet: BEESPS).

## Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *Welcome to the World: An Overview of Your Growing Child*

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series was developed through the MITCH (Model of Interdisciplinary Training for Children with Handicaps) Project, FDLRS/South Associate Center, Dade and Monroe County Public Schools, and funded by the State of Florida, Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students, under State general revenue appropriation for the Florida Diagnostic and Learning Resources System.

Copyright
State of Florida
Department of State
1990

## Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *Welcome to the World: An Overview of Your Growing Child*

**Dora Piner Kobasky**
**Early Childhood**
**Special Education Program**
**University of Miami**
**Miami, Florida**

**Violet McNamara**
**Bunche Park Elementary School**
**Dade County Public Schools**
**Miami, Florida**

**Steven E. Daley, Ph.D**
**Program Coordinator**
**Early Childhood**
**Special Education Program**

## Dade County School Board

Mr. William H. Turner, Chairperson

Ms. Janet R. McAliley, Vice-Chairperson

Mr. G. Holmes Braddock

Dr. Rosa Castro Feinberg

Ms. Betsy Kaplan

Dr. Michael Krop

Mr. Robert Renick

## Project MITCH Staff

Carole Fox Abbott, Ph.D.
MITCH Project Specialist
FDLRS/South - Miami

Diana M. Fernandez
MITCH Project Assistant
FDLRS/South - Miami

## Project MITCH Advisory Board

### Host Agencies

Mary Anne Brost
Project Director
FDLRS/Gateway - Jasper

Dr. Susan Gold
Adjunct Assistant Professor
Mailman Center - Miami

Terri Kanov
Executive Director, Division of
Exceptional Student Education
Dade County Public Schools - Miami

Dr. Eleanor L. Levine
Supervisor
FDLRS/South - Miami

Dr. Keith Scott
Project Director
FDLRS/Mailman - Miami

Dr. Mary Theresa Urbano
Director of Nursing
Mailman Center - Miami

### Other

Dr. Mimi Graham
Adjunct Assistant Professor
Florida State University - Tallahassee

Lois Klezmer
Coordinator, Early Childhood Education and
Sim Lesser
Assistant Professor, Early Childhood Education
Miami Dade Community College - Miami

Linda Machado
Parent Advocate
Chairperson, State Advisory Council on
Exceptional Student Education - Miami

Dr. Joyce McCalla, Director
Metro Dade Child Development Services -
Miami

William Osterhoudt
Director
Exceptional Student Education
Monroe County Public Schools -
Key West

Elizabeth P. Ridgley
Director, Pinecrest Presbyterian
Preschool - Miami

Dr. Sharon Vaughn
Associate Professor of Education
University of Miami - Miami

Sondra Wallace
Director of Education
Head Start - Miami

## ACKNOWLEDGEMENTS

In addition to the MITCH Advisory Board members, special thanks are given to the following:

### The Bureau of Education for Exceptional Students (BEES) Editorial Commitee

Doris B. Nabi
Administrator
Program Services

Ruth S. Jones, Ph.D.
Supervisor
Program Services

Connie Cauley, Ph.D.
Program Specialist
Infants and Toddlers Program
Prekindergarten Handicapped Programs

Arlene Duncan
Program Specialist
Clearinghouse/Inforamtion Services
Program Services

Elizabeth Devore, D.C.
Program Specialist
Prekindergarten Handicapped Program

### Critical readers

Eduardo Armenteros, NCSP
School Psychologist
FDLRS/South - Miami

Nina Kasper
Teacher, Pre-K Handicapped
Dade County Public Schools - Miami

Mary Theresa Urbano, A.R.N.P., Ph.D.
Director of Nursing; Assistant
Professor of Pediatrics and Nursing
Mailman Center for Child Development - Miami

L. Penny Rosenblum
Teacher of Visually Impaired
Mailman Center for Child Development - Miami

### Other contributors

Lisa Rozpad, Program Specialist for desktop publishing, Mailman Center for Child Development - Miami

# TABLE OF CONTENTS

Introduction ........ 1
Birth to Three Months ........ 2
Three to Six Months ........ 4
Six to Nine Months ........ 6
Nine to Twelve Months ........ 8
Twelve to Eighteen Months ........ 10
Eighteen to Twenty-four Months ........ 12
Twenty-four to Thirty-six Months ........ 15
References ........ 17

# Introduction

This booklet is designed to provide a brief summary of normal development from birth to 36 months of age. It describes behaviors typically seen in children at various developmental levels. It gives examples of these behaviors in each of four categories: personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. The booklet also suggests activities that adults can do with infants and toddlers.

It is important to remember that although all babies follow the same general pattern of growth, all children do not develop at the same rate. Children differ in appearance, in the way they feel about things, and in the way they learn. Also, a baby's development may not be steady. The baby may develop new large muscle skills, such as standing and walking, but not seem to develop new fine motor skills for a few months. Then, the child's large motor skill development may slow down while the child's language skills appear to develop very quickly. Because babies are unique and develop and grow at different rates, this booklet should be used only as a general guideline. The sequence of learning is what is important.

When a caregiver knows what a baby might be interested in and able to do next, the caregiver can better interact and play with the baby. Knowing what things a baby is not yet ready to do will keep the caregiver from expecting the child to play and respond in ways that are not yet possible for the child.

If a parent or caregiver has questions about a child's development, it is best to consult the child's doctor, nurse, or other qualified professional. The local Child Find specialist can also be called. Child Find is associated with the exceptional student education department of Florida's public schools and 18 support centers called the Florida Diagnostic and Learning Resources System (FDLRS) Associate Centers. The Child Find specialist at any FDLRS center can arrange to see a child who lives within that FDLRS region and who may not be developing normally. Call the local public school, FDLRS office, or Florida Department of Education, Bureau of Education for Exceptional Students (904/488-2077) for the number of the nearest Child Find specialist.

BEST COPY AVAILABLE

# Birth [illegible] Months

## PERSONAL AND SOCIAL SKILLS

- Smiles in response to adult's smile
- Looks at face when spoken to
- Tells primary caregiver from other adults
- Startles or cries at sudden loud noises
- Comforts to soothing gentle sounds

### *Suggested Activities*

- Smile at baby
- Hang a crib mobile
- Sing lullabies to baby

## LANGUAGE AND UNDERSTANDING SKILLS

- Expresses demands with cries and/or other sounds
- Gurgles and coos
- Responds to sound of rattle
- Shows excitement before feeding and anticipates other familiar events

### *Suggested Activities*

- Talk to baby during feeding, changing, and bathing
- Provide many different sounds for baby (music, rattles, radio, bell, TV, etc.)
- Imitate sounds baby makes
- Listen to, watch, and allow time for baby to respond

## SMALL MUSCLE SKILLS

- Follows bright objects with eyes
- Looks at object held in hand
- Attempts to grasp adult's finger
- Holds objects for a few seconds
- Sucks well

**Note: Many movements are still controlled by reflexes**

### *Suggested Activities*

- Dangle objects in front of baby for baby to watch
- Provide different textures for baby to feel (terrycloth, stuffed animals, plastic toys) making sure objects are too big to swallow.
- Place objects (finger, rattle) in infant's hand to stimulate grasp

## LARGE MUSCLE SKILLS

- Lifts head while lying on stomach
- Begins to reach toward object
- Automatically turns head to one side while lying down
- Moves arms and legs

### *Suggested Activities*

- While baby is on stomach, dangle bright objects in front of baby to help baby lift head
- Hold baby in a sitting position so baby begins to hold head steady
- Provide baby with a favorite object to look at in order to help baby roll over
- To encourage sitting, place baby in corner of couch (supervised)

# Three to Six Months

## PERSONAL AND SOCIAL SKILLS

- Laughs
- Smiles on own
- Reaches for familiar people
- Begins choosing toys

### *Suggested Activities*

- Play peek-a-boo with baby
- Let baby look at self in mirror
- Sing simple songs with baby and help baby do motions with hands to the music
- Massage baby's arms, back, and legs from top to bottom

## LANGUAGE AND UNDERSTANDING SKILLS

- Squeals and laughs
- Babbles, combines vowel and consonant sounds (e.g., goo, ga)
- Explores objects by putting in mouth
- Chuckles
- Experiments by making sounds (e.g., goo ah)
- Begins to respond to own name
- Begins to show likes and dislikes

### *Suggested Activities*

- Shake rattle beside baby's head (ear) to encourage head turning toward sound
- Continue to talk to baby; name objects
- Listen for baby's sounds and imitate them; wait for baby to respond to your sounds

## SMALL MUSCLE SKILLS

- Picks up and holds rattle
- Chews
- Plays with hands at midline
- Starts to transfer objects from one hand to the other
- Holds objects with fingers against palm of hand (palmar grasp)

### *Suggested Activities*

- Put object (rattle) in baby's hand and gently pull it to encourage baby to hold on to object
- Put a toy in baby's hand and let baby hold toy with both hands to encourage baby to transfer or switch object to the other hand
- Help baby pick up small, safe objects (1" blocks, assorted shapes)

## LARGE MUSCLE SKILLS

- Brings objects to mouth
- Turns from back to side
- Rolls from stomach to back and then back to stomach
- Pushes up on arms when on tummy
- Holds head upright and steady without support
- Kicks at objects

### *Suggested Activities*

- Put baby on tummy on a safe surface (carpet, blanket, mattress) and dangle interesting toys at baby's head
- Fasten mobile on crib for baby to kick and move baby's legs to demonstrate

# Six to Nine Months

## PERSONAL AND SOCIAL SKILLS

- Smiles at self in mirror
- Enjoys hide-n-seek, peek-a-boo, pat-a-cake
- Becomes attached to a particular toy or object
- Begins to fear strangers

### *Suggested Activities*

- Hug and cuddle baby often
- Smile and talk to baby
- Play "How Big's the Baby," hide-n-seek, peek-a-book, pat-a-cake
- Let baby play in front of large mirror

## LANGUAGE AND UNDERSTANDING SKILLS

- Starts imitating sounds
- Makes eager sounds for bottle or breast
- Uncovers toy that is hidden by cloth
- Knows on name
- Vocalizes to self when alone

### *Suggested Activities*

- Look at picture books with baby
- Sing songs with baby
- Play hide-n-seek with toys under cloth

## SMALL MUSCLE SKILLS

- Starts feeding self
- Rakes or scoops small objects
- Grasps with three fingers (inferior pincer grasp)

### *Suggested Activities*

- Provide baby the opportunity to pick up safe foods (cereal, crackers) and feed self
- Let baby hold crayon in hand and scribble on big piece of paper
- Provide many small objects for baby to pick up making sure they are too big to swallow

## LARGE MUSCLE SKILLS

- Sits by self for a short time
- Creeps and crawls
- Pulls self to standing on furniture
- Rocks back and forth when on hands and knees
- Plays with feet when on back
- Stands by holding on to furniture, hands, etc.

### *Suggested Activities*

- Encourage baby to pull up to a standing position
- Place a toy out of reach and encourage baby to try to get the toy by crawling to it
- Allow baby to stand next to furniture
- Allow lots of room for baby to crawl and explore (supervise)

# Nine to Twelve Months

## PERSONAL AND SOCIAL SKILLS

- Aware of strangers
- Tugs at or reaches for adults to get attention
- Begins drinking from a cup
- Likes or dislikes certain foods
- Demonstrates affection

### *Suggested Activities*

- Have baby sit near the family during meals
- Play pat-a-cake
- Help baby learn to hold a cup containing a small amount of liquid
- Hug and kiss baby often
- Respond with a hug or by talking when baby reaches for you

## LANGUAGE AND UNDERSTANDING SKILLS

- Waves bye-bye
- Responds to "no-no"
- Starts understanding simple questions ("Want some more juice?")
- Shakes head "no-no"
- Understands familiar words (mommy, daddy, ball, cookie)
- Looks at pictures in book
- Begins enjoying nursery rhymes and songs

### *Suggested Activities*

- Make puppet from socks and pretend the puppet is "talking" to baby
- Read nursery rhymes and sing songs to baby
- Help baby look at scrap book
- Identify objects with names

- Listen and respond to communication from baby

## SMALL MUSCLE SKILLS

- Holds own bottle
- Picks up small objects using thumb and finger
- Uses two hands together with coordination (picks up cup)
- Claps hands
- Drops objects with voluntary release

### *Suggested Activities*

- Show baby how to stack small blocks
- Let baby play with the pots and pans in the kitchen
- Help baby put objects into a container
- Let baby play with empty boxes of all sizes
- Give baby cereal to feed self

## LARGE MUSCLE SKILLS

- Gets into sitting position from lying down position
- Sits down from standing position
- Walks with assistance
- Stands alone
- Bangs two toys together

### *Suggested Activities*

- Play stand up, sit down, lie down imitation game
- Help baby to walk with or without support
- Let baby "cruise" around by holding on to furniture and walking

# Twelve to Eighteen Months

## PERSONAL AND SOCIAL SKILLS

- Enjoys having people clap
- Starts feeling emotions of jealousy, affection, sympathy
- Plays chasing and hiding games
- Shows specific wants by gestures and vocalizations
- Plays ball with an adult
- Becomes attached to favorite possession (blanket, toy)

### *Suggested Activities*

- Provide washcloth for child and allow child to care for doll by washing, hugging, and kissing doll
- Let child help undress self
- Let child start feeding self with a spoon
- Ask child to show how big child is (help child raise hands high)
- Take child on outings (picnic, zoo, parks) and talk about the things you see and do with child
- Roll a large ball to the child and ask child to roll it back to you

## LANGUAGE AND UNDERSTANDING SKILLS

- Names body parts
- Points to several objects or pictures when named
- Follows simple commands

### *Suggested Activities*

- Encourage child to repeat familiar words
- While child is bathing or dressing, name body parts and let child repeat the names
- Look at a picture book with child and name objects in the pictures

## SMALL MUSCLE SKILLS

- Feeds self with spoon
- Attempts scribbling
- Stacks small objects
- Builds tower of two blocks

### *Suggested Activities*

- Play game with small blocks; stacking, lining up, knocking down
- Encourage child to draw or scribble with a crayon or water soluble marker
- Play with bean bags or soft sponge balls
- Encourage self feeding with spoon

## LARGE MUSCLE SKILLS

- Walks alone
- Throws a ball
- Sits in a chair
- Improves balance and coordination

### *Suggested Activities*

- Allow child to walk up stairs with assistance
- Allow child to walk as much as possible
- Give child a pull toy to play with
- Roll and throw ball or bean bag
- Encourage use of child size furniture (chair, table)

# Eighteen to Twenty-four Months

## PERSONAL AND SOCIAL SKILLS

- Likes being read to
- Partially feeds self
- Independence grows stronger
- Exhibits curiosity and is "into everything"
- Has special relationship with each parent
- Enjoys playing next to another child (little interaction)
- Enjoys touching and hugging

### *Suggested Activities*

- Encourage child to dress and undress self
- Encourage child to pick up and put away own toys
- Encourage child to help with simple household chores
- Encourage child to use both a spoon and a fork

## LANGUAGE AND UNDERSTANDING SKILLS

- Makes simple choices among toys
- Mimics another child's play
- Begins to ask questions
- Puts two words together
- Asks for items by name (e.g., "ball," "doll," "cookie")
- Can follow one or two step directions

### ***Suggested Activities***

- Begin to give simple directions for child to follow
- Play a simple game of "Simon Says"
- Read to child 5 to 10 minutes each day
- Watch quality TV programs with child and talk about what you see but limit the amount of time child spends in front of the TV
- Answer child's questions simply

## SMALL MUSCLE SKILLS

- Scribbles and imitates simple strokes such as vertical lines, horizontal lines, and circular strokes
- Takes off socks and shoes purposefully
- Takes things apart and puts them back together

### Suggested Activities

- Help child put objects through an opening in a container, and help child dump them out again
- Use simple nesting boxes or cans
- Give child simple insert puzzle to complete (2-3 pieces)
- Finger paint with pudding
- Provide chalk, markers, pencils, paint, and brushes for sidewalk, large paper, newspaper, etc.
- Let child handle clay, play dough (recipe follows), and shaving cream

| | | |
|---|---|---|
| *1 cup flour* | *2 Tblsp. cream of tartar* | *1 Tblsp. oil* |
| *1 cup water* | *1/2 cup salt* | |

*Mix all together. Color with food coloring if desired.*

## LARGE MUSCLE SKILLS

- Jumps with two feet
- Moves body in time to the music
- Walks up and down stairs with help
- Runs
- Attempts to kick a ball

## *Suggested Activities*

- Show child how to jump holding child's hand while jumping
- Let child listen to music and show child how to swing, clap, and dance to the music
- Have short running races on soft surfaces (grass, carpet)
- Play "Kick the ball"

# Twenty-four to Thirty-six Months

## PERSONAL AND SOCIAL SKILLS

- Interacts with other children in simple games
- Verbalizes toilet needs

**Suggested Activities**

- Praise child when toilet needs are indicated
- Play "Ring Around the Rosie," "Duck, Duck Goose"
- Play hide-n-seek
- Play dress up

## LANGUAGE AND UNDERSTANDING SKILLS

- Follows two-step directions
- Takes part in simple verbal conversation (e.g., "What's your name?")
- Answers simple "what" questions
- Uses two or three word sentences regularly (e.g., "Me want juice.")

***Suggested Activities***

- Allow child a choice of foods at mealtime
- Ask child to follow directions (e.g., "Pick up your doll and put it on the shelf, please.")
- Listen to and talk with child
- Read books for 10 minutes each day with child and talk about the pictures

## SMALL MUSCLE SKILLS

- Uses spoon and cup independently
- Helps pick up toys
- Turns handle to open door
- Completes simple insert puzzle (3-4 pieces)
- Unscrews lids

- Builds 6-8 cube tower
- Snips paper with scissors

### *Suggested Activities*

- Provide simple puzzle for child to complete
- Provide child with blunt scissors and paper to snip
- Provide sand, pudding, or finger paint for writing with finger
- Provide many containers with tops to open and close

## LARGE MUSCLE SKILLS

- Rides tricycle
- Pushes or pulls door open
- Walks up stairs holding rail

### *Suggested Activities*

- Arrange for child to play games with others such as "London Bridge is Falling Down," "Tag"
- Encourage practice in skipping and hopping
- Provide practice in riding a tricycle
- Show child how to jump over a chalk mark or hose

# References

Alpern, G. D., Boll, T. J., & Shearer, M. A. (1984). Developmental profile II. Los Angeles, CA: Western Psychological Services.

Bangs, T. E., & Garrett, S. (1965). Birth to three scale for handicapped children. Houston, TX: Houston Speech and Hearing Center.

Bayley, N. (1969). Bayley Scales of Infant Development. New York: Psychological Corporation.

Brazleton, T. B. (1981). On becoming a family: The growth of attachment. New York: Delacorte Press.

Brazleton, T. B. (1974). Toddlers and parents: A declaration of independence. New York: Delacorte Press.

Brazleton, T. B. (1969). Infants and mothers: Differences in development. New York: Delacorte Press.

Bzoch, K. R., & League, R. (1971). Receptive-Expressive Emergent Language Scale. Baltimore, MD: University Park Press.

Doll, E. A. (1966). Preschool Attainment Record. Circle Pines, MN: American Guidance Service.

EMI Assessment Scale. Department of Pediatrics, University of Virginia Medical Center, Box 232, Charlottesville, VA 22901.

Frankenburg, W. K., & Dodds, J. B. (1969). Denver Developmental Screeing Test. Denver, CO: University of Colorado Medical Center.

Gessell, A. L. (1940). The first four years of life. New York: Harper & Row.

Johnson and Johnson Child Development Program. (1979). The first wonderous year. New York: Macmillan.

LeMay, D. W., Griffin, P. M., & Sanford, A. (1975). Learning Accomplishment Profile, Diagnostic-Revised. Winston-Salem, NC: Kaplan School Supply Corporation.

Stutsman, R. (1948). The Merrill-Palmer Scale of Mental Tests. Los Angeles, CA: Western Psychological Services.

State of Florida
Department of Education
Tallahassee, Florida
Betty Castor, Commissioner
Affirmative action/equal opportunity employer

# CHILD FIND

## For Children who may need Special Education

Getting an education is every child's right. Children who are handicapped are no exception. This has been made extremely clear by the courts, state and federal legislatures and school boards throughout the country.

Child Find is looking for any person between the ages of 0-21 who may be handicapped and not receiving an appropriate education. Some of the handicapping conditions may be in the areas of:

- SPEECH
- LANGUAGE
- RETARDATION
- HEARING
- VISION
- LEARNING
- BEHAVIOR
- GROSS AND FINE MOTOR SKILLS

If you are a parent or a friend of a potentially handicapped individual between the ages of 0-21, who is not enrolled in school or any other educational program, GIVE THAT CHILD A CHANCE!

CALL YOUR LOCAL CHILD FIND SPECIALIST: ______________________

AT: ______________________

| Module | Hour | Handout |
|---|---|---|
| 3 | 2 | 4 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Available Training That Will Help Build Mainstreaming Skills

## MITCH MODULES

| | |
|---|---|
| Module1. | Intellectual Development: What You Can Do to Help |
| Module 2: | Speech and Language Development: What You Can Do to Help |
| Module 3: | The Child Who Seems Different: Meeting Special Needs |
| Module 4: | Famililiy Functioning: The Impact of a Child with Special Needs |
| Module 5: | Listening and Sensory Integration: What to Do Before Speech and Language Develop |
| Module 6: | The Caregiving Environment: Planning an Effective Program |
| Module 7: | Behavior Management: Preventing and Dealing with Problem Behavior |
| Module 8: | Health Care: Infection Control, Medication Administration, and Seizure Management |
| Module 9: | Motor Development: What You Need to Know |
| Module 10: | Nutrition and Feeding Practices: What You Need to Know |
| Module 11: | Working Together: Communication Skills for Parents, Caregivers, and other Professionals |

ALSO:

Mainstreaming Works! Caring for Children with Special Needs in Child Care Centers. Impact, Inc., 3856 Evans Ave., Suite 4, Ft. Myers, FL 33901.

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 1 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Resource Suggestions

## General

Public School - Department of Exceptional
  Student Education
Parent Resource Centers for Child Management
Community Mental Health Centers
  (for supportive counseling)
Hospitals
  childrens
  speciality (i.e., for vision, cerebral palsy,
    residential treatment centers, etc.)
  Florida Diagnostic and Learning Resources
    System (FDLRS)
  Health and Rehabilitative Services (HRS)

## Autistic

Developmental Services (HRS)
Mental Health Association

## Emotionally Handicapped

Alcohol, Drug Abuse and Mental Health (HRS)
Catholic Family and Children's Services
Jewish Family and Children's Services
County Mental Health Associations

## Hearing Impaired

Gallaudet College
Deaf Services Bureau
Florida Power and Light
  (ask for hearing or speech impaired services)
Library Services for the Deaf (Public Library)
Lion's Club Community Hearing Bank
South Florida Association of Parents of the Deaf
South Florida Registry of
  Interpreters for the Deaf
Florida School for the Deaf and the Blind
  (FSDB) Outreach - SKI HI

## Mentally Handicapped

Association for Retarded Citizens (ARC)
Easter Seal Society
Head Start
Special Schools - residential/day
Centers for Child Management
Mental Health Counseling Facilities

## Physically Impaired

American Heart Association
Arthritis Foundation
Children's Medical Services, HRS
Easter Seal Society
Rehabilitation Centers (also HRS)
Epilepsy Foundation
Jewish Vocational Services
March of Dimes
Medicaid (also Medicaid Transportation)
Muscular Dystrophy Association
Sickle Cell Clinic
Spina Bifida Association
Supplementary Security Insurance (SSI)
United Cerebral Palsy Association
United Diabetic Association

## Visually Impaired

Bureau of Blind Services (HRS)
Division of Blind Services
Goodwill Industries
Lion's Club
Lighthouse for the Blind
Talking Book Library
Retinitis Pigmentosa
United Way (Help Them to Live)
Florida School for the Deaf and the Blind
  (FSDB) Outreach - INSITE

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 2 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Florida Organizations

**Alcohol, Drug Abuse and Mental Health Program – Children's Section**
Department of Health and Rehabilitative Services
1317 Winewood Blvd.
Tallahassee, FL 32301
(904)487-2415

**American Diabetes Assn.**
Florida Affiliate, Inc.
3101 Maguire Blvd., Suite 288
P.O. Box 19745
Orlando, FL 32814
(305)894-6664

**American Heart Assn., Inc.**
Florida Affiliate Office
810 63rd Avenue North
P.O. Box 42150
St. Petersburg, FL 33742
(813)522-9477

**Arthritis Foundation**
Florida Chapter
3205 Manatee Avenue West
Bradenton, FL 33505
(800)282-9487

**Association for Retarded Citizens/Florida**
106 North Bronough, Suite M1-7
Tallahassee, FL 32301
(904)681-1931

**Bureau of Education for Exceptional Students**
Department of Education
Florida Education Center
Tallahassee, FL 32399-0400
(904)488-1570

**Captioned Videotape Project for the Hearing Impaired**
Florida School for the Deaf and Blind
P.O. Box 1209
St. Augustine, FL 32084
(904)824-1654

**Children's Med. Services Pgm.** Department of HRS
1323 Winewood Blvd.
Building 5, Room 127
Tallahassee, FL 32301
(904)487-2690

**Developmental Services Pgm.**
Department of HRS
1311 Winewood Blvd.
Building 5, Room 215
Tallahassee, FL 32301
(904)488-4257

**Division of Blind Services**
Florida Department of Education
2540 Executive Center Circle W.
Tallahassee, FL 32301
(800)342-1828 - (904)488-1330

**Division of Blind Services Library for the Blind and Physically Handicapped**
P.O. Box 2299
Daytona Beach, FL 32015

**Florida Developmental Disabilities Planning Council**
1317 Winewood Blvd.
Building 1, Suite 309
Tallahassee, FL 32301
(904)488-4180

**Florida Association of Rehabilitation Facilities**
1605 E. Plaza Drive, Suite 8
Tallahassee, FL 32308-5311
(904)877-4816

**Florida Bar Lawyer Referral Service**
The Florida Bar
Tallahassee, FL 32301-8226
(800)242-8012

**Florida Commission on Human Relations**
325 John Knox Rd., Ste. F-240
Tallahassee, FL 32303
(800)342-8170

**Florida Council of Handicapped Organizations**
P.O. Box 2027
Satellite Beach, FL 32937
(305)777-2964

**FL Association for Children with Learning Disabilities**
5683 Deerfield Road
Orlando, FL 32808
(305)295-8203

**Florida Easter Seal Society**
1010 Executive Center Drive
Suite 101
Orlando, FL 32803
(305)896-7881

**FL School for the Deaf & Blind Child Study Center**
207 North San Marco Avenue
St. Augustine, FL 32084
(904)824-1654

**Florida Soc. for Children and Adults with Autism**
1523 Julia Tonia Drive
West Palm Beach, FL 33415
(305)965-0409

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Florida Organizations

(continued)

**FL Epilepsy Foundation**
P.O. Box 6059C
Orlando, FL 32853
(305)422-1439

**Florida Instructional Materials Center for the Visually Handicapped**
5002 North Lois Avenue
Tampa, FL 33614
(800)282-9193

**FL Justice Institute, Inc.**
1401 Amerifirst Building
One S.E. 3rd Avenue
Miami, FL 33131
(305)358-2081

**FL Legal Services, Inc.**
226 W. Pensacola Rm. 216-218
Tallahassee, FL 32301
(904)222-2151

**Governor's Commission on Advocacy for Persons with Develop. Disabilities**
Office of the Governor
The Capitol
Tallahassee, FL 32301-8047
(800)342-0823
(904)488-9071

**Handicapped and Work-study Program**
Division of Vocational Education
Department of Education
Florida Education Center
Tallahassee, FL 32399-0400
(904)488-5965

**Head Start**
Humanics Associates
Florida Office
255 Whooping Loop, Suite 255
Altamonte Springs, FL 32701
(305)834-6538

**March of Dimes Birth Defects Foundation**
Regional Office
12550 Biscayne Boulevard
North Miami, FL 33181
(305)895-2856

**Mental Health Agency**
Department of HRS
1317 Winewood Boulevard
Tallahassee, FL 32301
(904)488-8304

**Mental Health Assn. of Florida**
345 S. Magnolia Drive, Suite A13
Tallahassee, FL 32301
(904)877-4707

**Muscular Dystrophy Assn.**
1301 Seminole Boulevard, Suite 105
Largo, FL 33540
(813)585-5446

**National Kidney Foundation of Florida, Inc.**
One Davis Boulevard, Suite 304
Tampa, FL 33606
(813)251-3627

**Office of Vocational Rehabilitation**
Department of HRS
1309 Winewood Boulevard
Tallahassee, FL 32301

**Parents Anonymous**
1106 Thomasville Road
Tallahassee, FL 32303
(800)FLA-LOVE
(904)224-8481

**Parent to Parent of Florida**
3500 E. Fletcher Ave., Ste. 225
Tampa, FL 33612
(813)974-5001

**The Pro Bono Directory**
Legal Assistance Project
Dept. of Public Interest Programs
The Pro Bono Directory
The Florida Bar
Tallahassee, FL 32301
(904)222-5286

**Southern Legal Counsel, Inc.**
115 N.E. 7th Avenue
Gainesville, FL 32601
(904)377-8288

**Spina Bifida Coalition of FL**
996 Florida Town Road
Pace, FL 32570
(904)994-4001

**State Special Olympics Hq.**
2639 N. Monroe St., Suite 151A
Tallahassee, FL 32303
(904)385-8178

**Statewide Human Rights Advocacy Committee**
1317 Winewood Boulevard
Building 1, Room 310
Tallahassee, FL 32301
(904)488-4180

**Univ. of Miami Mailman Center for Child Development**
Multidiscip. Training Facility
P.O. Box 016820
Miami, FL 33101
(305)547-6631

**Upjohn Healthcare Services**
Florida Region Administration
P.O. Box 2607
Winter Park, FL 32790

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# National Organizations

**Aid to Adoption of Special Kids**
3530 Grand Avenue
Oakland, CA 94610
(415)451-2275

**Alexander Graham Bell Association for the Deaf**
3417 Volta Place, N.W.
Washington, D.C. 30007
(202)337-5220

**American Brittle Bone Soc.**
1256 Merrill Drive
Marshallton
West Chester, PA 19380
(215)692-6248

**American Alliance for Health, Physical Education, Recreation and Dance**
Information and Research Utilization Center
1900 Association Drive
Reston, VA 22091
(703)476-3400

**American Association for the Advancement of Science Project on the Handicapped in Science**
Office of Opportunities in Science
1776 Massachusetts Dr., N.W.
Washington, D.C. 20036
(202)467-4400

**American Association of University Affiliated Programs for the Developmentally Disabled**
1234 Massachusetts Ave., N.W.
Washington, D.C. 20005

**American Association on Mental Deficiency**
5101 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202)686-5400

**American Cleft Palate Education Assn.**
331 Salk Hall
University of Pittsburgh
Pittsburgh, PA 15261

**American Civil Liberties Union**
132 West 43rd Street
New York, NY 10036

**American Coalition of Citizens with Disabilities (ACCD)**
1200 15th Street, N.W., #201
Washington, D.C. 20005
(202)785-4265

**American Council for the Blind**
1211 Connecticut Ave., N.W.
Suite 506
Washington, D.C. 20036
(202)833-1251

**American Foundation of the Blind (AFB)**
15 West 16th Street
New York, NY 10011
(212)620-2000

**American Genetics Association**
818 18th Street, N.W.
Washington, D.C. 20036

**American Kidney Fund**
7315 Wisconsin Avenue
Bethesda, MD 20814-3266
(800)638-8299

**American Occupational Therapy Association**
1383 Piccard Drive, Suite 300
Rockville, MD 20850
(301)948-9626

**American Physical Therapy Association**
1111 N. Fairfax St., Suite 200
Alexandria, VA 22314
(703)684-2782

**American Printing House for the Blind**
P.O. Box 6085
1839 Frankfort Avenue
Louisville, KY 40206
(502)895-2405

**American Red Cross**
National Headquarters
17th and D Streets, N.W.
Washington, D.C. 20006
(202)737-8300

**American Society for Deaf Children**
814 Thayer Avenue
Silver Spring, MD 20910
(301)585-5400

**Arthrogryposis Assn., Inc.**
5430 E. Harbor Heights Drive
Port Orchard, WA 93866
(206)871-5057

**Association for Persons with Severe Handicaps (TASH)**
7010 Roosevelt Way, N.E.
Seattle, WA 98115
(206)523-8446

**AAWE/Alleviates Alliance**
206 N. Washington St., Suite 320
Alexandria, VA 22314
(703)836-6060

**Association of Birth Defect Children**
3201 E. Crystal Lake Avenue
Orlando, FL 32806
(305)898-5342

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# National Organizations

(continued)

**Assocation for Children and Adults with Learning Disabilities (ACLD)**
4156 Library Road
Pittsburgh, PA 15234
(412)341-1515

**Association for Retarded Citizens (ARC) National**
2501 Avenue J
Arlingotn, TX 76011
(817)640-0204

**Asthma and Allergy Foundation of America**
1302 18th St., N.W., Suite 303
Washington, D.C. 20036
(202)293-2950

**Boy Scouts of America**
Scouting for the Handicapped Division
1325 Walnut Hill Lane
Irving, TX 75062
(214)659-2000

**Cancer Research Institute**
Memorial Donations
133 East 58th Street
New York, NY 10022
(212)688-7515
(800)223-7874

**The Candlelighters Foundation**
2025 "I" Street NW, Suite 1011
Washington, D.C. 20006
(202)659-5136

**Center on Human Policy**
4 East Hungtingon Hall
Syracuse University
Syracuse, NY 13210
(315)423-3951

**Clearinghouse on the Handicapped**
Office of Special Education and Rehabilitative Service
Room 3106 Switzer Building
Washington, D.C. 20202-2524
(202)732-1245

**Compassionate Friends, Inc.**
P.O. Box 1347
Oak Brook, IL 60521
(312)323-5015

**Cooley's Anemia Foundation**
105 East 22nd St., Suite 911
New York, NY 10010
(212)598-0911

**Cornelia de Lange Syndrome Foundation**
60 Dyer Avenue
Collinsville, CT 06022
(202)693-0159

**Center for Law and Education, Inc.**
Gutman Library, 3rd Floor
6 Appian Way
Cambridge, MA 02138
(617)495-4666

**Children's Brain Research Clinic**
2525 Belmont Road, N.W.
Washington, D.C. 20008

**Children's Defense Fund**
122 C Street, N.W.
Washington, D.C. 20001
(202)628-8787

**Closer Look**
Parents Campaign for Handicapped Children and Youth
1201 16th Street, N.W.
Washingto, D.C. 20036
(202)822-7900

**Council for Exceptional Children (CEC)**
1920 Association Drive
Reston, VA 22091
(703)620-3660

**Cystic Fibrosis Foundation**
6000 Executive Blvd., Suite 309
Rockville, MD 20852
(301)881-9130

**Dental Guidance Council for Cerebral Palsy**
122 East 23rd Street
New York, NY 10010
(212)677-7400

**Developmental Disabilities Office**
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 338E
Washington, D.C. 20201

**Disability Rights**
Education Defense Fund, Inc.
2032 San Pablo Avenue
Berkeley, CA 94702
(415)644-2555

**Dysautonomia Foundation**
120 E. 41st Street
New York, NY 10017
(212)889-0300

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# National Organizations

(continued)

**Dystrophic Epidermolysis Bullosa Research Association of America**
2936 Avenue W
Brooklyn, NY 11229
(212)774-8700

**Ephphatha Services for the Deaf and Blind**
P.O. Box 15167
Minneapolis, MN 55415

**Epilepsy Foundation of America**
4351 Garden City Drive, Suite 406
Landover, MD 20785
(305)459-3700

**Found. for Children with Learning Disabilities**
P.O. Box 2929
Grand Central Station
New York, NY 10163
(212)687-7211

**Friedreich's Ataxia Group in America**
P.O. Box 11116
Oakland, CA 94611

**Girl Scouts of the U.S.A.**
Scouting for Handicapped Girls
830 Third Avenue
New York, NY 10022
(212)940-7500

**Human Resources Center**
I.U. Willets Road
Albertson, NY 11507

**Human Growth Found.**
4607 Davidson Drive
Chevy Chase, MD 20815
(301)656-7540

**Hydrocephalus Parent Support Group**
9430 Reagan Road
San Diego, CA 92126

**Institute for the Achievement of Human Potential**
8801 Stenton Avenue
Philadelphia, PA 19118

**International Association of Parents of the Deaf**
814 Thayer Avenue
Silver Springs, MD 20910
(301)585-5400

**International Institute for Visually Impaired, 0-7, Inc.**
1975 Rutgers Circle
East Lansing, MI 48823

**John Tracy Clinic** (deafness, hearing impairments, deaf/blind)
806 West Adams Blvd.
Los Angeles, CA 90007
(213)748-5481

**Joseph P. Kennedy Jr. Foundation**
1350 New York Avenue, N.W.,
Suite 500
Washington, D.C. 20005
(202)393-1250

**Juvenile Diabetes Foundation, Int'l.**
23 E. 26th Street
New York, NY 10010
(212)889-7575

**Know Problems of Hydrocephalus**
Route 1, River Road, Box 210A
Joliet, IL 60436

**LaLeche League, International**
9616 Minneapolis
Franklin Park, IL 60131
(312)455-7730

**Library of Congress**
Division for the Blind and Physically Handicapped
1291 Taylor St., N.W.
Washington, D.C. 20542

**Little People of America**
Box 633
San Bruno, CA 94066
(415)589-0695

**Leukemia Society of America, Inc.**
National Headquarters
800 2nd Avenue
New York, NY 10017
(212)573-8484

**MPS Society**
552 Central Avenue
Bethpage, NY 11714
(516)433-4419

**March of Dimes National Foundation**
1275 Mamaroneck Avenue
White Plains, NY 10605

**Mental Disability Legal Resource Center**
Commission on the Mentally Disabled
American Bar Association
1800 M Street, N.W.
Washingon, D.C. 20036
(202)331-2240

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

MITCH*

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# National Organizations

(continued)

**Mental Retardation Association of America**
211 East 300 South, Suite 212
Salt Lake City, UT 84111
(801)328-1575

**Muscular Dystrophy Assocation**
810 Seventh Avenue
New York, NY 10019
(212)586-0808

**Myoclonus Families United, c/o NORD**
2153 East 22nd Street
Brooklyn, NY 11220

**National Amputation Foundation**
1245 150th Street
Whitestone, NY 11356
(212)767-0596

**National Association for Deaf/Blind**
2703 Forrest Oak Circle
Norman, OK 73071
(405)733-7311

**National Association for Disabled Citizens**
P.O. Drawer 8075
Maitland, FL 32751
(305)628-8850

**National Assoc. for Down Syndrome**
Box 63
Oak Park, IL 60303
(312)543-6060

**National Assoc. for Parents of the Visually Impaired, Inc.**
2011 Hardy Circle
Austin, TX 78757

**National Assoc. for the Deaf**
Legal Defense Fund
Florida Avenue and 7th Street, N.E., Suite 311
Washington, D.C. 20002

**National Association for Sickle Cell Disease (NASCD)**
3460 Wilshire Blvd., Suite 1012
Los Angeles, CA 90010

**National Association for Visually Handicapped**
305 East 24th Street, 17-C
New York, NY 10010
(212)889-3141

**National Association of Private Residential Facilities for the Mentally Retarded**
6269 Leesburg Pike
Falls Church, VA 22044
(703)536-3311

**National Assoc. of the Deaf**
814 Thayer Avenue
Silver Spring, MD 20910
(301)587-1788

**National Ataxia Foundation**
6681 Country Club Drive
Minneapolis, MN 55427
(612)546-6220

**National Hearing Assoc.**
1010 Jorie Blvd., Suite 308
Oak Brook, IL 60521
(312)323-7200

**National Association of the Physically Handicapped**
70 Elm Street
London, OH 43140
(614)852-1664

**National Center for a Barrier-Free Environment**
1015 15th St., N.W., Suite 700
Washington, D.C. 20005
(202)466-6896

**National Center for Education in Maternal and Child Health**
38th and R Sts., N.W.
Washington, D.C. 20057

**National Clearing House for Human Genetic Diseases**
3520 Prospect St., N.W., #1
Ground Floor, Suite 1
Washington, D.C. 20057
(202)842-7617

**National Down Syndrome Congress**
1640 W. Roosevelt Road
Chicago, IL 60608
(312)226-0416

**National Down Syndrome Society**
70 West 40th Street
New York, NY 10018
(212)764-3070
(800)221-4620

**National Easter Seal Soc.**
2023 West Ogden Avenue
Chicago, IL 60612
(312)243-8400
(312)243-8800 (TDD)

**National Federation of the Blind**
1800 Johnson Street
Baltimore, MD 21230
(301)659-9314

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

# National Organizations

(continued)

**National Foundation for Ileitis and Colitis**
295 Madison Avenue
New York, NY 10017
(212)685-3440

**National Genetics Foundation**
555 West 57th Street
New York, NY 10019(212)586-5800

**National Head Injury Foundation**
280 Singletary Lane
Framingham, MA 01701
(617)879-7473

**National Hearing Aid Society**
20361 Middlebelt Road
Livona, MI 48152
(313)478-2610

**National Hemophilia Foundation**
19 W. 34th St., Room 1204
New York, NY 10001
(212)563-0211

**National Icthyosis Foundation**
151 Toyon Drive
Vallejo, CA 94589

**National Information Center for Handicapped Children and Youth (NICHCY)**
P.O. Box 1492
Washington, D.C. 20013

**National Institute for Rehabilitation Engineering**
97 Decker Road
Butler, NJ 07405
(201)838-2500

**National Juvenile Law Center**
St. Louis University School of Law
3701 Lindell Blvd.
St. Louis, MO 63108

**National Mental Health Association**
1021 Prince Street
Alexandria, VA 22314

**National Neurofibromatosis Foundation**
70 West 40th St., 4th Floor
New York, NY 10018
(212)869-9034

**National Organization on Disability**
2100 Pennsylvania Avenue, N.W.
Suite 234
Washington, D.C. 20037
(202)293-5960

**National Rehabilitation Association**
633 South Washington Street
Alexandria, VA 22314

**National Retinitis Pigmentosa Foundation**
Rolling Park Building
8331 Mindale Circle
Baltimore, MD 21207
(301)655-1011

**National Reye's Syndrome Foundation**
P.O. Box RS
Benzonia, MI 49616

**National Society for Children and Adults with Autism**
1234 Massachusetts Avenue, N.W.
Suite 1017
Washington, D.C. 20005
(202)783-0125

**National Spinal Cord Injury Association**
149 California Street
Newton, MA 02158
(617)964-0521

**National Tay-Sachs and Allied Diseases Association**
92 Washington Avenue
Cedarhurst, NY 11516
(516)569-4300

**National Tuberous Sclerosis Association**
P.O. Box 612
Winfield, IL 60190
(312)668-0787

**Office for Handicapped Individuals**
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

**Osteogenesis Imperfecta Foundation**
632 Center Street
Van Wert, OH 45891

**Orton Dyslexia Society**
724 York Road
Baltimore, MD 21204
(301)296-0232

**Parent Care**
University of Utah Medical Center
50 North Medical Drive, Room 2A210
Salt Lake City, UT 84132
(801)581-5323

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# National Organizations

(continued)

**Parent Network**
1301 E. 38th Street
Indianapolis, IN 46205

**People First International**
P.O. Box 12642
Salem, OR 97309
(503)378-5143

**Polio Information Center**
510 Main Street
Roosevelt Island, NY 10044

**Prader-Willi Association**
5515 Malibu Drive
Edina, MN 55436
(612)933-0115

**President's Committee on Employment of the Handicapped**
Washington, D.C. 20010

**President's Committee on Mental Retardation**
Washington, D.C. 20201

**Scoliosis Research Society**
444 N. Michigan Avenue, Suite 1500
Chicago, IL 60611
(312)822-0970

**Scoliosis Association**
1428 183 Main Street, East
Rochester, NY 14604
(716)546-1814

**Sharing Our Caring**
(Down Syndrome)
P.O. Box 400
Milton, WA 98354

**Sibling Information Network**
Department of Educational Psychology
Box U-64, The University of Connecticut
Storrs, CT 06268
(203)486-4034

**Siblings for Significant Change**
Room 808
823 United Nations Plaza
New York, NY 10017

**Support Organization for Trisomy (SOFT)**
7326 S. 145 Street, East
Midville, UT 84947
(801)566-0674

**Special Education Programs**
U.S. Dept. of Education
Switzer Building
330 "C" Street, S.W.
Washington, D.C. 20202

**Spina Bifida Association of America**
343 South Dearborn Street, Room 317
Chicago, IL 60604
(312)663-1562

**United Cerebral Palsy Associations**
66 East 34th Street
New 8 û , NY 10016
(212)481-6300

**United Ostomy Association**
2001 West Beverly Bldg.
Los Angeles, CA 90057
(212)413-5510

**The United States Association for Blind Athletes**
55 West California Avenue
Beach Haven, NJ 08008

**The Voice**
(Hearing Impaired)
2939 Hollandale
Dallas, TX 75234
(214)349-3271 (V/TDD)

**Youth Law Center**
693 Mission Street
Second Floor
San Francisco, CA 94105
(415)543-3379

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Toll-Free Telephone Services

| | |
|---|---|
| AMC Cancer Information Center | 800-525-3777 |
| American Council of the Blind | 800-424-8666 |
| American Kidney Fund | 800-638-8299 |
| Better Hearing Institute Hearing Helpline | 800-424-8576 |
| Cancer Information Service National Line | 800-4-CANCER |
| Captioned Films for the Deaf | 800-237-6213 |
| Center for Special Education Technology Information Exchange | 800-345-8324 |
| Child Abuse Registry | 800-342-9152 |
| Children's Defense Fund | 800-424-9602 |
| Closer Look LD Teen Line | 800-522-3458 |
| Epilepsy Information Line | 800-542-7054 |
| ERIC Clearinhouse on Adult Career and Vocational Education | 800-848-4815 |
| Foundation Center | 800-424-9836 |
| Heartline | 800-241-6993 |
| HEATH Resource Center | 800-54-HEATH |
| International Shriners Headquarters | 800-237-5055 |
| Job Accommodation Network | 800-526-7234 |
| Job Opportunities for the Blind | 800-638-7518 |
| National Alliance of Blind Students | 800-424-8666 |
| National Center for Stuttering | 800-221-2483 |
| National Committee for Citizens in Education | 800-NETWORK |
| National Crisis Center for the Deaf (TDD Only) | 800-446-9876 |
| National Down Syndrome Congress | 800-232-6372 |
| National Down Syndrome Society | 800-221-4602 |
| National Easter Seal Society | 800-221-6827 |
| National Health Information Clearinghouse | 800-336-4797 |
| National Hearing Aid Society | 800-521-5247 |
| National Information Center for Educational Media | 800-421-8711 |
| National Rehabilitation Information Center (Voice/TDD) | 800-32-NARIC |
| National Special Needs Center | 800-233-1222<br>800-833-3232 (TDD) |
| National Spinal Cord Injury Hotline | 800-526-3456 |
| Orton Dyslexia Society | 800-222-3123 |
| Poison Information | 800-542-6319 |
| Resource Center for the Handicapped | 800-22-SHARE |
| RP Foundation Fighting Blindness | 800-638-2300 |
| Special Education Software Center | 800-327-5892 |
| Spina Bifida Hotline | 800-621-3141 |
| Tripod Service for Hearing Impaired | 800-352-8888 |
| Washington PAVE | 800-5-PARENT |

---

The data on these information sheets has been furnished by **Parent to Parent of Florida**, 3500 E. Fletcher Ave., Suite 225, Tampa, FL 33612; (813)974-5001.

| Module | Hour | Handout |
|---|---|---|
| 3 | 3 | 3 (con't.) |

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

# Appendix C

## Reproducible Forms for the Six-Week Follow-Up Activity

# The Six-Week Follow-Up Activity

## MITCH Module 3
## THE CHILD WHO SEEMS DIFFERENT:
## Meeting Special Needs

These completed forms should be sent to:

Name ______________________________

Address ______________________________

______________________________

______________________________

These forms are due at the above address by ______________________
date

### Directions

*For the community resources listed on the following pages, please provide as many local telephone numbers and addresses as you can.*

**Name** ______________________________

**Date** ______________________________

# Resource List

## *General*

Public School - Department of Exceptional Student Education

County ______________________________ Phone ____________________

Address ______________________________________________________

Parent Resource Centers for Child Management

Name ______________________________ Phone ____________________

Address ______________________________________________________

Head Start

Name ______________________________ Phone ____________________

Address ______________________________________________________

Florida Diagnostic and Learning Resources System (FDLRS) Associate Center

Name ______________________________ Phone ____________________

Address ______________________________________________________

Health and Rehabilitative Services (HRS) Office

Name ______________________________ Phone ____________________

Address ______________________________________________________

Rehabilitation Centers (also HRS)

Phone ______________________________

Address ______________________________________________________

Epilepsy Foundation

Phone ______________________________

Address ______________________________________________________

United Way (Help Them to Live)

Phone ______________________________

Address ______________________________________________________

## HOSPITALS

- Children's

Name ______________________ Phone ______________

Address ______________________________________

- Speciality (i.e., for vision, cerebral palsy, residential treatment center, etc.)

Name ______________________ Phone ______________

Address ______________________________________

Name ______________________ Phone ______________

Address ______________________________________

Name ______________________ Phone ______________

Address ______________________________________

## Local Resources for the following Exceptionalities

## AUTISTIC

- Developmental Services (HRS)

Phone ______________________

Address ______________________________________

- Mental Health Association

Phone ______________________

Address ______________________________________

## Emotionally Handicapped

- Alcohol, Drug Abuse, and Mental Health Office (HRS)

Phone ______________________

Address ______________________________________

- Catholic Family and Children's Services

Phone ______________________

Address ______________________________________

- Jewish Family and Children's Services

  Phone ______________________________

  Address ____________________________________________________

- County Mental Health Associations

  Phone ______________________________

  Address ____________________________________________________

- Special Schools - residential

  Phone ______________________________

  Address ____________________________________________________

- Centers for Child Management

  Phone ______________________________

  Address ____________________________________________________

- Mental Health Counseling Facilities

  Phone ______________________________

  Address ____________________________________________________

  Phone ______________________________

  Address ____________________________________________________

## *Hearing Impaired*

- Gallaudet College (Washington, D.C.)

  Phone ______________________________

  Address ____________________________________________________

- Deaf Services Bureau

  Phone ______________________________

  Address ____________________________________________________

- Florida Power and Light (ask for hearing or speech impaired information)

  Phone ______________________________

  Address ____________________________________________________

- Library Services for the Deaf (Public Library)

  Phone ______________________________

  Address ______________________________________________________

- Lion's Club Community Hearing Bank

  Phone ______________________________

  Address ______________________________________________________

- South Florida Association of Parents of the Deaf

  Phone ______________________________

  Address ______________________________________________________

- South Florida Registry of Interpreters for the Deaf

  Phone ______________________________

  Address ______________________________________________________

## *Mentally Handicapped*

- Association for Retarded Citizens (ARC)

  Phone ______________________________

  Address ______________________________________________________

- Easter Seal Society

  Phone ______________________________

  Address ______________________________________________________

- Head Start

  Phone ______________________________

  Address ______________________________________________________

## *Physically Impaired*

- American Heart Association

  Phone ______________________________

  Address ______________________________________________________

- Jewish Vocational Services

  Phone ______________________________

  Address ____________________________________________________

- March of Dimes

  Phone ______________________________

  Address ____________________________________________________

- Medicaid (also Medicaid Transportation)

  Phone ______________________________

  Address ____________________________________________________

- Muscular Dystrophy Association

  Phone ______________________________

  Address ____________________________________________________

- Sickle Cell Clinic

  Phone ______________________________

  Address ____________________________________________________

- Spina Bifida Association

  Phone ______________________________

  Address ____________________________________________________

- Supplemental Security Insurance (SSI)

  Phone ______________________________

  Address ____________________________________________________

- United Cerebral Palsy Association

  Phone ______________________________

  Address ____________________________________________________

- United Diabetic Association

  Phone ______________________________

  Address ____________________________________________________

- Arthritis Foundation

  Phone ______________________________

  Address ____________________________________________________

- Children's Medical Services, HRS

  Phone ______________________________

  Address ____________________________________________________

- Easter Seal Society

  Phone ______________________________

  Address ____________________________________________________

## *Visually Impaired*

- Division of Blind Services/Children's Counselor

  Phone ______________________________

  Address ____________________________________________________

- Goodwill Industries

  Phone ______________________________

  Address ____________________________________________________

- Lion's Club

  Phone ______________________________

  Address ____________________________________________________

- Lighthouse for the Blind

  Phone ______________________________

  Address ____________________________________________________

- Talking Book Library

  Phone ______________________________

  Address ____________________________________________________

- Retinitis Pigmentosa Foundation

  Phone ______________________________

  Address ____________________________________________________

**For ease of use, instructor is encouraged to remove the staple on this booklet and place the module into a three-ring binder.**

**Trim the binder identifier to an appropriate size, and affix to the spine of the binder.**

**BINDER IDENTIFIER**

**The Child Who Seems Different: Meeting Special Needs**

State of Florida
Department of Education
Tallahassee, Florida
Betty Castor, Commissioner
Affirmative action/equal opportunity employer